

**Affidavit-Termination of Joint Tenancy**  
(Death of a Joint Tenant)

I, WAYNE R HURTE, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That JUNE R HURTE, the decedent  
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as JUNE R HURTE

named as one of the parties in that certain DEED OF TRUST <sup>with</sup> Grant, Bargain, Sale DEED,  
(Type of Document)

dated on the 31 day of May, 19 89, and executed by RAYMOND D. BRIGSTAD + CYNTHIA Kay JOHNSON, known as "Grantor(s)"  
to WAYNE R HURTE + JUNE R HURTE, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 203149, on the 31 day of May, 19 89, in book 589, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

*lot 15 as shown on the OFFICIAL MAP OF Spring Valley Ranchos SUBDIVISION unit #1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF Douglas County, NEVADA, ON DEC 6 1968 Document No. 39423, AND as shown on AMENDED MAP FILED Oct 8, 1968 Document # 42547.*

ASSESSOR'S PARCEL NO. (APN#) 35-254-02

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ \_\_\_\_\_

In Witness Whereof, I/We have hereunto set my hand/our hands this 3 day of August, 19 99

Wayne R Hurte  
(Signature)  
WAYNE R. HURTE  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA }  
COUNTY OF Douglas }  
On this 3rd day of August, 19 99  
personally appeared before me, a Notary Public  
Wayne R. Hurte

RECORDING REQUESTED BY AND MAIL TO  
NAME WAYNE R HURTE  
ADDRESS 3137 BODIE RD  
CITY/ST/ZIP GARDNERVILLE NV 89410  
  
If applicable mail tax statements to  
NAME \_\_\_\_\_  
ADDRESS SAME AS ABOVE  
CITY/ST/ZIP \_\_\_\_\_

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Linda L. Slater  
(Notary Public)



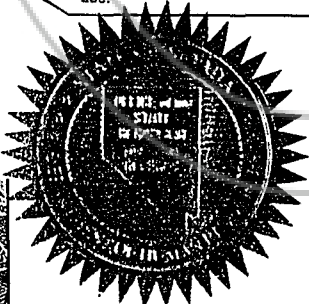
(Notary Stamp)

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. <b>June R HURTE</b>	DATE OF DEATH (Month, Day, Year) 2. <b>September 16, 1998</b>	STATE FILE NUMBER COUNTY OF DEATH 3a. <b>Carson City</b>	
<b>DECEDENT</b>	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Carson City</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Carson-Tahoe Hospital</b>	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	AGE—Last Birthday (Years) 7a. <b>60</b>	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	
	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>June 21, 1938</b>	SEX 4. <b>Female</b>		
<b>PARENTS</b>	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>New York</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed. 10. <b>14</b>	
	SOCIAL SECURITY NUMBER 13. <b>0448</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Communication Supervisor</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	
<b>DISPOSITION</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Law Enforcement</b>		SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Wayne Hurte</b>	
	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>	
<b>CERTIFIER</b>	STREET AND NUMBER 15d. <b>3137 Bodie Rd.</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>	
	FATHER—NAME First Middle Last 16. <b>Peter Slack</b>	MOTHER—MAIDEN NAME First Middle Last 17. <b>Mary Pensky</b>		
<b>CAUSE OF DEATH</b>	INFORMANT—NAME (Type or Print) 18a. <b>Wayne Hurte</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>3137 Bodie Rd., Gardnerville, Nevada 89410</b>	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>	CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>	LOCATION City or Town State 19c. <b>Carson City, Nevada</b>	
<b>CAUSE OF DEATH</b>	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Home, 1380 Hwy 395, Gardnerville, Nevada 89410</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> <b>Michael Goralka, M.D.</b>	DATE SIGNED (Mo., Day, Yr.) 21b. <b>9-18-98</b>	HOUR OF DEATH 21c. <b>1657</b>	22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>
<b>CAUSE OF DEATH</b>	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Michael Goralka, M.D., 810 N. Nevada, Carson City, Nevada</b>		LICENSE NUMBER 23b. <b>8584</b>	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>SEP 18 1998</b>	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Massive Pulmonary Embolism</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____			
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>
<b>CAUSE OF DEATH</b>	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



STATE REGISTRAR

No. 135520

This is to certify that the above is a true and correct copy of the certificate on file in this office.

*[Signature]*  
State Registrar

Date Issued: **SEP 18 1998 0473805**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
*Wayne Hurte*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 AUG -3 P4:28

0473805  
BK0899PG0683

LINDA SLATER  
RECORDER  
\$ 9.00 PAID 12 DEPUTY