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**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

(Deceased Name as shown on Deed)  
named as one of the parties in that certain JOINT TENANCY DEED,  
(Type of Document)

dated on the 4<sup>th</sup> day of OCT, 19 94, and executed by

Richard Crumpton, known as "Grantor(s)"

to WAYNE R and JUNE R HURTE, known  
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 347599, on the

4 day of OCT, 19 94, in book 1094, of Official

Records of Douglas Co County, Nevada, covering the following described property situated in the City of

Garnerville, County of Douglas, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

The south 1/2 of The Southwest 1/4 of The Northwest  
1/4 of Section 20, Township 9 North Range 25 East  
M.D.B + M.

ASSESSOR'S PARCEL NO. (APN#) 39-060-29

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

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

Linda L. Slater  
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME Wayne R. Hurte  
ADDRESS 3137 BOOIE RD  
CITY/ST/ZIP GARNERVILLE NV 89410

If applicable mail tax statements to

NAME  
ADDRESS Same as Above  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0473806

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# 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

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

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.

Date Issued: OCT 01 1998 0473806

Yvonne Sylva  
State Registrar

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

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0473806  
BK0899PG0686

LINDA SLATER  
RECORDER  
\$ 9.00 PAID 12 DEPUTY