

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

I, KENNETH L. JOHNSON, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That CHRISTINE W. JOHNSON, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as
CHRISTINE W JOHNSON,
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed,
(Type of Document)

dated on the 4th day of April, 19 85, and executed by
Susie B. Marchini, known as "Grantor(s)"

to Kenneth L Johnson and Christine W Johnson, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 115641, on the

4th day of April, 19 85, in book 485, 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 152, as said lot is shown on the official map of GARDNERVILLE RANCHOS
UNIT NO. 2, filed in the office of the County Recorder of Douglas County,
State of Nevada, on June 1, 1965, in Book 1 of Maps, Filing No. 28309,
and Amended Title Sheet on June 4, 1965, Filing No. 28377.

ASSESSOR'S PARCEL NO. (APN#) 1220-15-210-021

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 13 day of AUGUST, 19 99

(Signature)

(Signature)

(Print or type name here)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }

On this 13th day of August, 19 99
personally appeared before me, a Notary Public

Kenneth L. Johnson

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 KENNETH L. JOHNSON
ADDRESS 1400 S. RIVERVIEW DR
CITY/ST/ZIP GARDNERVILLE NV. 89410

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0474481
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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Christine Wells JOHNSON		2. April 29, 1999	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 83	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Massachusetts		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. 1623		12. Kenneth Johnson	
RESIDENCE—STATE COUNTY		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada Douglas		14b. Education Industry	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Arnold F. Grover		17. Belle Elizabeth Wells	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Kenneth Johnson - Husband		18b. 1400 S. Riverview Drive, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 9 20c. 1281 North Roop St., Carson City, Nevada 89706	
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)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 4/30/99		21c. 0232	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Dr. D. Hoskins, 1990 High School St., Gardnerville, NV 89410		22c.	
REGISTRAR		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 3, 1999	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) FATAL CARDIAC Arrhythmia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Coronary Artery Disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Hypertension		Interval between onset and death	
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. Diabetes, Chronic Renal Failure, Atrial Fibrillation, Alzheimer's Disease		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
28e.		28c.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28f.		28d.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 145220

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

MAY 03 1999

Date Issued:

0474481

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Kenneth Johnson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 AUG 13 PM 3: 02

LINDA SLATER
RECORDER

\$ 9.00 PAID ks DEPUTY

0474481

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