

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

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

That Robert Lee French, the decedent  
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Robert L. French  
(Deceased Name as shown on Dood)

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

dated on the 14<sup>th</sup> day of May, 19 99, and executed by Robert L. French, known as "Grantor(s)"

to Robert L. French, an unmarried man and Laurie Grove, a Married woman \*, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0468584, on the 21<sup>st</sup> day of May, 19 99, in book 0599 PG 4474, of Official

Records of Douglas County, Nevada, covering the following described property situated in the City of Wellington, County of Douglas, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

\* as her sole and separate property, Together as Joint Tenants.

Lot 4 in Block 1, as shown on the map of Topaz Ranch Estates Unit No. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 16, 1970, in Book 1 of MAPS, Page 224, as Document No. 50212

ASSESSOR'S PARCEL NO. (APN#) 37-452-04

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 18<sup>th</sup> day of November, 19 99

Laurie L. Grove  
(Signature)

\_\_\_\_\_  
(Signature)

Laurie L. Grove  
(Print or type name here)

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

STATE OF NEVADA }  
COUNTY OF Douglas }

RECORDING REQUESTED BY AND MAIL TO  
NAME Laurie L. Grove  
ADDRESS 3815 Granite Way  
CITY/ST/ZIP Wellington, NV 89444

On this 18<sup>th</sup> day of November, 19 99 personally appeared before me, a Notary Public

If applicable mail tax statements to  
NAME  
ADDRESS  
CITY/ST/ZIP

Janice K. Condon

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

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Janice K. Condon  
(Notary Public)



(Notary Stamp)

0481108  
BK 11 99 PG 3417

# 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. Robert Lee FRENCH		2. October 23, 1999	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Wellington		3c. 3815 Granite Way	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. <input checked="" type="checkbox"/>	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 84		11. Widowed	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Washington		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 5720		14a. Seaman	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Wellington	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. George French		17. Mae Vernier	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Laurie Grove - Daughter		18b. 3815 Granite Way, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		Walton's Douglas County Mortuary	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. _____		22c. 0255	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. _____		22d. ON 10/23/99	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Deputy Ron Mills—Coroner, P.O. Box 218, Minden, Nevada 89423		23b. 314	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. 10-28-99	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Metastatic Lung Cancer		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) _____		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) _____		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. No		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	
29a. _____		28c. _____	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28l. _____		28d. _____	
LOCATION.		STREET OR R.F.D. No.	
28g. _____		CITY OR TOWN	
STATE		STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 150837

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

Date Issued:

OCT 28 1999

0481108

State Registrar

*[Signature]*



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1199PG3418

COPY

0481108

BK1199PG3419

REQUESTED BY  
Laurie Grove  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

1999 NOV 18 AM 11:48

LINDA SLATER  
RECORDER

\$<sup>900</sup> PAID *[Signature]* DEPUTY