

### Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

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

That Helen Lois Jackson, the decedent (Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain INDIVIDUAL GRANT DEED, (Type of Document)

dated on the 22 day of MAY, 19 92, and executed by PAUL R. GYLLING + BEVERLY GYLLING, known as "Grantor(s)"

to ROBERT JACKSON + HELEN JACKSON, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 279476, on the

26 day of MAY, 19 92, in book 58 488 592, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of CARSON CITY, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 1, BLOCK C SUNRIDGE UNT NO. 1-A  
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY NEVADA, ON APRIL 15, 1988 IN BOOK 488 PAGE 1638 AS DOCUMENT NO. 176220 APN 21-306-01

ASSESSOR'S PARCEL NO. (APN#) 0000-21-306-010

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 30 day of Nov, 19 99

Robert L Jackson  
(Signature)  
ROBERT L JACKSON  
(Print or type name here)

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

STATE OF NEVADA }  
COUNTY OF DOUGLAS }

On this 30th day of November, 19 99 personally appeared before me, a Notary Public

Robert L. Jackson

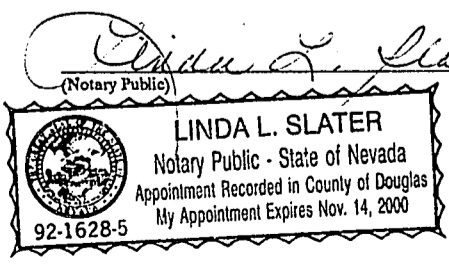
personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

RECORDING REQUESTED BY AND MAIL TO  
NAME ROBERT L JACKSON  
ADDRESS 1115 SHADOW LANE  
CITY/ST/ZIP CARSON CITY, NV 89705

If applicable mail tax statements to

NAME  
ADDRESS  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY



(Notary Stamp)

0481696

BK 1199PG5208

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

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

ROLL 98 IMAGE 497

2418

STATE FILE NUMBER

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**

LOCAL FILE NUMBER <b>2418</b>		STATE FILE NUMBER	
DECEASED—NAME First Middle Last <b>1. Helen Lois JACKSON</b>		DATE OF DEATH (Month, Day, Year) <b>2. October 20, 1999</b>	COUNTY OF DEATH <b>3a. Washoe</b>
CITY, TOWN OR LOCATION OF DEATH <b>3b. Sparks</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. Tahoe Pacific Hospital</b>	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. 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. <b>6.</b>	SEX <b>4. Female</b>
AGE—Last Birthday (Years) <b>7a. 73</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8. October 30, 1925</b>
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Arkansas</b>	CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>
SOCIAL SECURITY NUMBER <b>13. 429-30-2548</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Security Guard</b>	KIND OF BUSINESS OR INDUSTRY <b>14b. Security</b>	
RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Carson City</b>	STREET AND NUMBER <b>15d. 1115 Shadow Ln.</b>
FATHER—NAME First Middle Last <b>16. Emery Smith</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Beullah Higgbotham</b>	
INFORMANT—NAME (Type or Print) <b>18a. Robert Jackson</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 1115 Shadow Lane - Carson City, Nevada 89705</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Burial</b>	CEMETERY OR CREMATORY—NAME <b>19b. Lone Mountain Cemetery</b>	LOCATION City or Town State <b>19c. Carson City - Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>	FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 9</b>	NAME AND ADDRESS OF FACILITY <b>20c. Walton's Chapel of the Valley 1281 North Rook St., Carson City, Nevada 89706</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) <b>[Signature]</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) <b>[Signature]</b>	
DATE SIGNED (Mo., Day, Yr.) <b>21b. 10/25/99</b>	HOUR OF DEATH <b>21c. 12:39</b>	DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>	HOUR OF DEATH <b>22c.</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. CN</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORNER). (Type or Print.) <b>23a. Robert B. Richeson M.D. 236 W. Sixth Street #100 Reno, Nevada</b>		LICENSE NUMBER <b>23b. 6747</b>	
REGISTRAR <b>24a. [Signature]</b>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. October 27, 1999</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) <b>Sepsis Syndrome</b>		Interval between onset and death	
(b) <b>Multi-Organ System Failure</b>		Interval between onset and death	
(c) <b>Respiratory failure</b>		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) <b>26. No</b>	WAS CASE REFERRED TO CORNER (Specify Yes or No) <b>27. No</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c.</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	LOCATION. <b>28g.</b>	STREET OR R.F.D. No.	CITY OR TOWN STATE

No.154804

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

Deputy Registrar

**0481696**

STATE REGISTRAR

**[Signature]**

Date:

**10/29 1999**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

**0481696**

**BK 1199 PG 5209**

COPY

REQUESTED BY  
Robert L. Jackson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

1999 NOV 30 PM 1:51

LINDA SLATER  
RECORDER

\$ 9.00 PAID JK DEPUTY

0481696

BK1199PG5210