

RECORDED AT THE REQUEST OF:  
HERMAN G. HERBIG, ESQ.

✓ WHEN RECORDED, MAIL TO:  
HERMAN G. HERBIG, ESQ.  
504 MULLER LANE  
MINDEN, NEVADA 89423

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA, CARSON CITY: ss.

MARJORIE H. COTTOM, having first been duly sworn, deposes and says that she is over the age of twenty-one (21) years and is competent to testify to the matters hereinafter stated.

1. Affiant is the surviving spouse of HOMER E. COTTOM, Deceased.
2. Affiant is the person named as one of the Grantees in that certain deed recorded in the Office of the County Recorder of Douglas County, State of Nevada on January 7, 1997 in Book 177, at Page 265 as Document No. 5994.
3. The real property subject to joint tenancy with right of survivorship is located in Douglas County, State of Nevada, being more particularly described as follows:

Lot 6 as shown on the FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 2 filed in the office of the County Recorder of Douglas County, State of Nevada on December 23, 1970 as Document No. 50685.

APN: 1220-04-572-021

4. The Decedent, HOMER E. COTTOM, died on July 10, 1992 in Douglas County, Nevada. A true copy of the Certificate of Death is attached hereto and made a part hereof.
5. Affiant swears under the penalty of perjury that the statements contained in this affidavit are true.

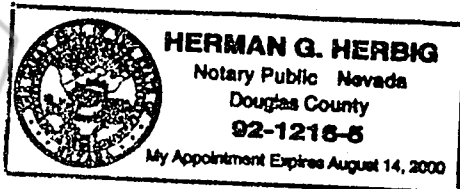
FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED: June 1, 1999

*Marjorie Cottom*

MARJORIE H. COTTOM

SUBSCRIBED AND SWORN  
before me on June 1, 1999.



*Herman G. Herbig*  
NOTARY PUBLIC

# 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

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

0481925  
BK 1299P60538

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>Homer Cotton</b>		2. <b>July 10, 1992</b>	3a. <b>Douglas</b>
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)
3b. <b>Gardnerville</b>		3c. <b>Cottonwood Care Center</b>	3e. <b>Inpatient</b>
4. <b>Male</b>		DATE OF BIRTH (Mo., Day, Yr.)	
5. <b>White</b>		8. <b>Mar. 15, 1909</b>	
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.	AGE—Last Birthday (Years)
9a. <b>Kansas</b>		7a. <b>83</b>	10. <b>Married</b>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9b. <b>USA</b>		9c. <b>USA</b>	11. <b>Married</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY
13. <b>3633</b>		14a. <b>Owner/Operator</b>	14b. <b>Sign Making</b>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER
16. <b>Homer Cotton</b>		17. <b>Lucy Beal</b>	15d. <b>806 Tillman</b>
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Marjorie Cotton</b>		18b. <b>P.O. Box 342 Gardnerville, Nevada 89410</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Cremation</b>		19b. <b>Funeral Home &amp; Crematory</b>	19c. <b>Carson City, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. <b>#36</b>	20c. <b>FitzHenry's Funeral Home &amp; Crematory</b>
21a. To the best of my knowledge, death occurred on the (line, date and place and due to the cause(s) stated.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>July 13, 1992</b>		22b. <b>July 13, 1992</b>	
ROOM OF DEATH		HOUR OF DEATH	
21c. <b>1500</b>		22c. <b>1500</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <b>David S. Hoskins M.D. 1532 Hwy 395 Suite #5 Gardnerville, NV</b>		22d. <b>ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22e. <b>AT</b>	
23a. <b>David S. Hoskins M.D. 1532 Hwy 395 Suite #5 Gardnerville, NV</b>		22f. <b>89423</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i>		24b. <b>July 13, 1992</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) <b>Acute Cerebrovascular Accident</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <b>Chronic Atherosclerotic Vascular Disease</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <b>Multiple CVA Syndrome</b>			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			
PART II <b>Urinary Tract Infection, Alzheimer's Disease</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
28a. <b>28a.</b>		28b. <b>28b.</b>	28c. <b>M</b>
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED
28e. <b>28e.</b>		28f. <b>28f.</b>	28g. <b>28g.</b>

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

Date Issued:

**JUL 13 1992**

Deputy Registrar

No. 039888



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

REQUESTED BY

Herman Herbig

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

1999 DEC -3 PM 12: 19

LINDA SLATER  
RECORDER

\$ 9.00 PAID K2 DEPUTY

0481925

BK 1299PG0539