

Recording Requested By and  
When recorded return to:

MRS. AVIS L. LOZENSKY  
198 Willow Drive (Skyland, Nevada)  
mail: P.O. Box 1755  
Zephyr Cove, NV 89448

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

Assessor's Parcel Number: 0000-05-045-070

AVIS L. LOZENSKY, being first duly sworn, deposes and says:

That affiant is the wife of WALLACE A. LOZENSKY.

That heretofore WALLACE A. LOZENSKY and AVIS L. LOZENSKY were joint tenants in certain real property situated in the County of Douglas, State of Nevada more particularly described as follows:

Lot 164, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the office of the County Recorder of Douglas County, Nevada on February 24, 1960.

by virtue of a Deed dated January 14, 1972, recorded in Book 95, page 685, as Document 57428 filed in the Recorder's Office of Douglas County, State of Nevada, on January 20, 1972.

Affiant avers that WALLACE A. LOZENSKY died in the City of South Lake Tahoe, County of El Dorado, State of California, on November 2, 1999, as appears from a certified copy of the Certificate of Death attached hereto and incorporated herein by reference; that by reason of the foregoing, said joint tenancy has terminated and AVIS L. LOZENSKY is entitled to the above described property as the surviving joint tenant thereof.

I, AVIS L. LOZENSKY, swear or affirm under penalty of perjury that the foregoing statements are true.

Dated: December 6, 1999.

*Avis L. Lozensky*  
AVIS L. LOZENSKY

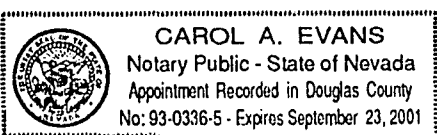
STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

On December 6, 1999, before me, the undersigned, a Notary Public in and for said County and State, personally appeared AVIS L. LOZENSKY, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

SUBSCRIBED AND SWORN to before me this 6TH day of December, 1999

WITNESS my hand and official seal.

*Carol A. Evans*  
NOTARY PUBLIC



0482922  
BK 1299PG3329

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **8 1999 09 000794**

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>WALLACE</b>		2. MIDDLE <b>ANDREW</b>		3. LAST (FAMILY) <b>LOZENSKY</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>12/25/1915</b>		5. AGE YRS. <b>83</b>		6. SEX <b>M</b>	
7. DATE OF DEATH MM/DD/CCYY <b>11/02/1999</b>		8. HOUR <b>1417</b>			
9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>0223</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>19</b>			
14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Alameda Unified School District</b>	
17. OCCUPATION <b>School Teacher</b>		18. KIND OF BUSINESS <b>Education</b>		19. YEARS IN OCCUPATION <b>33</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>198 Willow</b>					
21. CITY <b>Zephyr Cove</b>		22. COUNTY <b>Douglas</b>		23. ZIP CODE <b>89448</b>	
24. YRS IN COUNTY <b>22</b>		25. STATE OR FOREIGN COUNTRY <b>Nevada</b>			
26. NAME, RELATIONSHIP <b>Avis L. Lozensky - Wife</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. Box 1755, Zephyr Cove, NV 89448</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>Avis</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>Lofgren</b>	
31. NAME OF FATHER—FIRST <b>Andrew</b>		32. MIDDLE <b>-</b>		33. LAST <b>Lozensky</b>	
34. BIRTH STATE <b>Russia</b>		35. NAME OF MOTHER—FIRST <b>Maria</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>Simmons</b>		38. BIRTH STATE <b>Russia</b>			
39. DATE MM/DD/CCYY <b>11/05/1999</b>					
40. PLACE OF FINAL DISPOSITION <b>Avis L. Lozensky, 198 Willow, Zephyr Cove, NV</b>					
41. TYPE OF DISPOSITION <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>No. Embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>McFarlane Mortuary</b>		45. LICENSE NO. <b>FD-1180</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>	
47. DATE MM/DD/CCYY <b>11/04/1999</b>					
101. PLACE OF DEATH <b>Barton Memorial Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>El Dorado</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>4th and South Ave.</b>			
106. CITY <b>So. Lake Tahoe</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN DEATH AND DEATH <b>Immed.</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>99-8717</b> NUMBER	
IMMEDIATE CAUSE (A) <b>CARDIO RESPIRATORY ARREST</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) <b>ACUTE MYOCARDIAL INFARCTION</b>		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C) <b>ATHEROSCLEROSIS</b>					
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NO</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>09/22/1997</b> <b>10/04/1999</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>McKenna</i>		116. LICENSE NO. <b>0032445</b>	
117. DATE MM/DD/CCYY <b>11/04/1999</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Kenneth Mehrens, MD, 960 Tahoe Keys Blvd., So. Lake Tahoe, CA 96150</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #7745 CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

11/17/1999 0482922

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Health Officer.



BR 1299163390

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY

Larry Lozensky

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

1999 DEC 17 PM 2: 30

LINDA SLATER  
RECORDER

\$ 9.00 PAID PL DEPUTY

0482922

BK 1299PG3331