

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

APN: 1220-04-512-021

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

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA, DOUGLAS COUNTY: ss.

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

1. Affiant is the surviving son of MARJORIE L. 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 6, 2000 in Book 0160, at Page 0759.
3. The real property subject to joint tenancy with right of survivorship is located in Douglas County, State of Nevada and is more particularly described as follows:

All that real property 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 . 512 . 021

TOGETHER with the appurtenances and all the estate and rights of Grantor in and to said premises, subject to conditions, covenants and all other items of record;

0484913

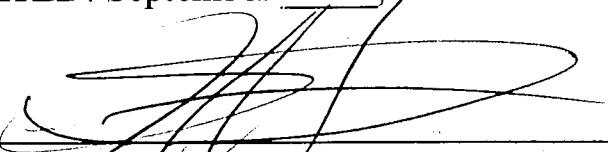
BK0100PG3431

4. The Decedent, MARJORIE L. COTTOM, died on July 16, 1999 in Carson City, 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: September 23, 1999

  
\_\_\_\_\_  
DWAYNE E. COTTOM

SUBSCRIBED AND SWORN  
before me on September 23, 1999.

  
\_\_\_\_\_  
NOTARY PUBLIC



COPY

0484913

BK0100PG3432

# 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

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Marjorie L. COTTOM			2. July 16, 1999		3a. Carson City
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)	SEX
3b. Carson City		3c. Carson Convalescent Center		3e. Inpatient	4. Female
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)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6.		7a. 81	8. February 12, 1918
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Kansas		9b. U.S.A.	10. 16		11. Widowed
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED] 4044		14a. Manager		14b. Restaurant	
RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 1344 Toiyabe	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Allan Hileman			17. Eve Fair		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Dwayne Cottom			18b. 214 Carville Cr., Carson City, Nevada 89703		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremention		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 217	20c. FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701		
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) [Signature]			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]		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. 7/19/99			21c. 2300		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d.			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Laurence G. Gay M.D., 2385 E. Prater Way, Sparks, Nevada 89434					23b. 5154
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. 7-20-99		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) Renal failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				years	
(b) NIDDM				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				years	
(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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. Gangrene of toes peripheral vascular disease			26. No	27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTRAR

No. 150448

*Yvonne Sylva*

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

Date Issued: JUL 20 1999

0484913

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0100PG3433



COPY

REQUESTED BY  
Herman Herbig  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JAN 24 AM 10:06

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID 12 DEPUTY

0484913

BK0100PG3434