

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:
MURRAY G. ALSTOTT
P.O. BOX# 7
GENOA, NEVADA 89411

ESCROW NO 000100014
A.P.N. # 17-085-030


AFFIDAVIT - TERMINATING LIFE ESTATE

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

MURRAY G. ALSTOTT, of legal age, being first duly sworn, deposes and says:
That IONE FETTIC, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as IONE FETTIC
named as one of the parties in that certain Grant Deed dated March 1, 1977
executed by IONE FETTIC, A WIDOW
to MURRAY ALSTOTT, AN UNMARRIED MAN
~~as joint tenants,~~ recorded as Instrument No. 07375, on March 7, 1977
in Book 377, Page 253, of Official Records of Douglas
County, Nevada, covering the following described property situated in ~~the~~ Douglas
County, State of Nevada:

Lot 15, Block 9, of the Township of GENOA, filed for record
in the office of the County Recorder of Douglas County, Nevada.

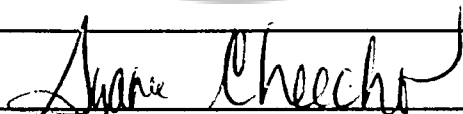
DATE: FEBRUARY 14, 2000


MURRAY G. ALSTOTT



STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on Feb. 17, 2000
by, MURRAY G. ALSTOTT

Signature 
Notary Public

0487331
BK0300PG0527

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

85 000007

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	
1. DECEASED—NAME First Middle Last Ione FETTIC		2. DATE OF DEATH (Month, Day, Year) January 9, 1985	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Sierra Convalescent Center		3d. INSIDE CITY LIMITS (Specify Yes or No) yes	
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		4b. ETHNIC American	
4c. AGE—Last Birthday (Years) 94		4d. UNDER 1 YEAR MOS : DAYS 94	
4e. UNDER 1 DAY HOURS : MINS 94		4f. DATE OF BIRTH (Mo., Day, Yr.) 6 August 13, 1890	
4g. SEX Female		4h. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. STATE OF BIRTH (If not U.S.A., name country) California		9. CITIZEN OF WHAT COUNTRY U.S.A.	
11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13. SOCIAL SECURITY NUMBER -2753		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker	
14b. KIND OF BUSINESS OR INDUSTRY Own Home		15a. RESIDENCE—STATE Nevada	
15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Genoa	
15d. STREET AND NUMBER Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) yes	
16. FATHER—NAME First Middle Last Theodore Perry Hawkins		17. MOTHER—MAIDEN NAME First Middle Last Clara Woodberry Martin	
18a. INFORMANT—NAME (Type or Print) Clara Jane Peterson		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1840 N. Nevada, Carson City, NV 89701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 2 Cremation		19b. CEMETERY OR CREMATORY—NAME Masonic Memorial Gardens	
19c. LOCATION City or Town State Reno Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. NAME AND ADDRESS OF FACILITY FitzHenry's Capital City Mortuary, Carson City, NV 89702		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) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) stated. (Signature and Title) <i>[Signature]</i>	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Robert H. Mailloux, Deputy Coroner, 901 E. Musser, Carson City, NV 89701		22b. DATE SIGNED (Mo., Day, Yr.) Jan. 9, 1985	
22c. HOUR OF DEATH 7:55 A.M.		22d. PRONOUNCED DEAD (Mo., Day, Yr.) Jan. 9, 1985	
22e. AT 8:50 A.M.		24a. REGISTRAR SIGNATURE <i>[Signature]</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Jan 10, 1985		24c. DEATH DUE TO COMMUNICABLE DISEASE NO	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardio Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Arterial Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Old C.V.A.		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 9		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY 9:5		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 95	
28g. LOCATION		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

Nº 35830

VITAL RECORDS

[Signature]

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

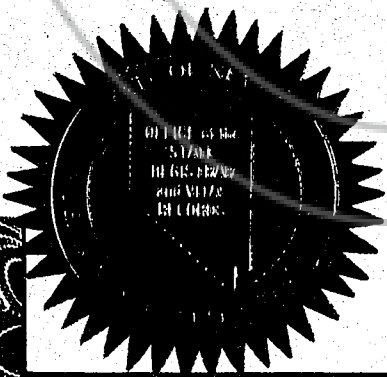
Date Issued: FEB 09 2000

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAR -3 AM 11: 04

LINDA SLATER
RECORDER

\$ 9.00 PAID KZ DEPUTY

0487331
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