

10-
A.P.N. 29-153-06 *New APN: 1220-22-110-057*

When Recorded Mail To:

Mrs. Shirley Maggach
Post Office Box 1386
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

SHIRLEY MAGGACH, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the Affiant is the person named as SHIRLEY MAGGACH, joint tenant, one of the grantees of that certain Individual Grant Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 11th day of August, 1993, Instrument Number 314838, wherein RICHARD D. MAGGACH and SHIRLEY MAGGACH, husband and wife as joint tenants, were named as grantees to all of that real property described as follows:

Lot 117, as shown by map of GARDNERVILLE RANCHOS UNIT NO. 5, recorded in the Office of the Douglas County Recorder on November 4, 1970, in Book 80, Page 675, as Document No. 50056.

That RICHARD D. MAGGACH was one of the grantees named in said Individual Grant Deed, and was the identical person named as RICHARD DOUGLAS MAGGACH, the decedent, in that Certificate of Death, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

James M. O'Reilly, Attorney at Law
3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89129 (702) 477-7517
✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

0491327
BK0500PG1064 Page 1

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 1st day of March, 2000.

That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Dated this 3 day of May, 2000.

Shirley Maggach
SHIRLEY MAGGACH

SUBSCRIBED AND SWORN to before

me this 3 day of May, 2000.

Brenda S. Olson

Notary Public

BRENDA S. OLSON

Notary Public - State of Nevada

Appointment Recorded in Douglas County

No: 99-58900-5 - Expires October 22, 2003



James M. O'Reilly, Attorney at Law

3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89129 (702) 477-7811

1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

0491327

Page 2

BK0500PG1065

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Richard Douglas MAGGACH		2. DATE OF DEATH (Month, Day, Year) March 1, 2000	3a. COUNTY OF DEATH Carson City
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Convalescent Center	3e. If Hosp. or Inst. indicate DOA: OP/Emer. Rm. Inpatient (Specify) Inpatient
4. SEX Male		4. DATE OF BIRTH (Mo., Day, Yr.) Feb. 22, 1928	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 72		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Feb. 22, 1928	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Shirley Scott		13. SOCIAL SECURITY NUMBER 6531	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1441 James Rd.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Alexander Maggach	
17. MOTHER—MAIDEN NAME First Middle Last Eva Mary Jones		18a. INFORMANT—NAME (Type or Print) Shirley S. Maggach	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 1386, Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James McAllister</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410		21. 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>Jay Jay</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 3/3/00		21c. HOUR OF DEATH 1755	
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) and manner stated. (Signature and Title) <i>Jay Jay</i>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Laurence Gay, M.D., 2385 E. Prater Way#102, Sparks, Nevada		23b. LICENSE NUMBER 5152	
24a. REGISTRAR (Signature) <i>Sylvia R. Kachner</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 3 2000	
24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Acute renal failure		Interval between onset and death days	
PART I (b) Congestive heart failure		Interval between onset and death years	
PART II (c) Multiple sclerosis		Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY M		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)	
28g. LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE		28g.	

No. 166796

STATE REGISTRAR

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

Date Issued: **MAR 03 2000**

Sylvia R. Kachner
EXHIBIT
0491327
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0500 PG1066

COPY

REQUESTED BY
James M. O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAY -4 PM 2: 20

LINDA SLATER
RECORDER

\$ 10.00 PAID *PL* DEPUTY

0491327

BK0500P61067