

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, Gary R. Eden, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Esther Margaret Eden, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Esther M. Eden

(Deceased Name as shown on Deed)
named as one of the parties in that certain Grant Deed,
(Type of Document)

dated on the 22nd day of October, 19 98, and executed by

Mary C. King, known as "Grantor(s)"

to Gary R. Eden, Deborah A. Eden and Esther M. Eden, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0453629, on the

9th day of November, 19 98, in book 1198 pg. 1846, of Official

Records of Douglas County, Nevada, covering the following described property situated in the City of

Gardnerville, County of Douglas, State of Nevada.

(Set forth legal description and commonly known street address, if known)

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 238, as shown on the map of Gardnerville Ranchos Unit No. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, page 797, as Document No. 28377.

ASSESSOR'S PARCEL NO. (APN#) 1220-09-810-001

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 18th day of May, 2000

Mary R. Eden
(Signature)

Gary R. Eden
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }

On this 18th day of May, 2000 ~~19~~
personally appeared before me, a Notary Public

Gary R. Eden

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

Linda L. Slater
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO ✓

NAME Gary & Deborah Eden
ADDRESS 1001 Tillman Ln.
CITY/ST/ZIP Gardnerville, Nv. 89410

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0492215
BK0500PG3996

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

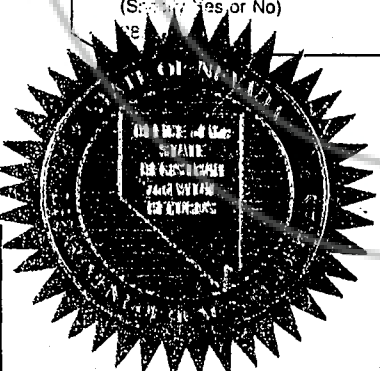
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Esther Margaret EDEN			DATE OF DEATH (Month, Day, Year) 2. April 26, 2000		COUNTY OF DEATH 3a. Douglas					
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1001 Tillman Lane		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Female					
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 89	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Dec. 8, 1910			
STATE OF BIRTH (If not U.S.A., name country) 9a. Nebraska		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12 years		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed		SURVIVING SPOUSE (If wife, give maiden name) 12.		
SOCIAL SECURITY NUMBER 13. ██████████ 1630		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner-Operator			KIND OF BUSINESS OR INDUSTRY 14b. Women's Apparel					
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1001 Tillman Ln.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			
FATHER—NAME First Middle Last 16. William Hoffmann			MOTHER—MAIDEN NAME First Middle Last 17. Emma Schneider							
INFORMANT—NAME (Type or Print) 18a. Gary Richard Eden				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1001 Tillman Lane, Gardnerville, Nevada 89410						
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, Nevada						
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. 1478 Fourth Street, Minden, Nevada 89423						
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.) 21b. 4/27/00		HOUR OF DEATH 21c. 1730		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT				
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Andrew Tang, M.D., 1107 Hwy. 395, Gardnerville, Nevada 89410						LICENSE NUMBER 23b. 8365				
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 28, 2000		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiac Arrest						Interval between onset and death ⋮				
PART I (b) CHF						Interval between onset and death ⋮				
PART II (c) Hemorrhage						Interval between onset and death ⋮				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. No				AUTOPSY (Specify Yes or No) 27. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No)				
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.				
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.						



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: APR 28 2000

0492215

State Registrar

No.159379
[Signature]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Gary Eden
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAY 18 PM 2:19

LINDA SLATER
RECORDER

\$ 9⁰⁰ PAID KO DEPUTY

0492215

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