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AFFIDAVIT IN SUPPORT OF

TERMINATION OF JOINT TENANCY

Paul L. Reinschmidt Jr., hereinafter, Affiant, upon being duly sworn, deposes and states

- 1. Affiant currently resides at P.O. Box 4322, Stateline, NV 89449.
- 2. Affiant is the husband of Shirley Reinschmidt, the joint tenant who is now deceased on the realty described as follows: See Attached Exhibit A.
- 3. The date and place of death of the deceased joint tenant is respectively; April 24, 2000 at Douglas County, Nevada.
- 4. The joint tenancy was created by grant deed from MARY ANN CARROLL and CATHERINE ESTESS to Paul L. Reinschmidt Jr. and Shirley Reinschmidt on April 21, 1976, Document No.: 89688, Book 476, Page 931, and by an Order from Judge Dave Gamble, in Case No. 27219 in the Ninth Judicial District Court, In and For the State of Nevada, quieting title to the property in the Findings of Fact, Conclusions of Law and Decree Quieting Title entered on June 9, 1992.
- 5. This affidavit is made pursuant to NRS 111.365 "Recording affidavit of death of joint tenant or spouse holding community property with right of survivorship creates disputable presumption title vested in survivor; copy of affidavit to be sent to department of human resources", which states in Section 1:

In the case of real property owned by two or more persons as joint tenants or as community property with right of survivorship, it is presumed that all title or interest in and to that real property of each of one or more deceased joint tenants or the deceased spouse has

BK0600PG1020

Gerald Madison, Ltd. 808 E. College Parkway, Ste. 102 Carson City, NV 89706

0493448 BK0600PG1021 A portion of the Southwest 1/4 of Section 24, Township 13 North, Range 18 East, M.L.B. & M., in the County of Douglas, State of Nevada, described as follows:

Commencing at the South 1/4 corner of Section 24, Township 13 North, Range 18 East, M.D.B. & M.; thence North 00 13' 36" East a distance of 1652.07 feet along the North-South center line of Section 24 to a point on the Northerly right-of-way line of Kingsbury Road; thence Westerly along said right-of-way line line North 66 57' 56" West a distance of 153.65 feet to a point: thence Westerly along a curve to the left having a radius of 640 feet through a central angle of 47 ° 54' 06" for an arc distance of 535.06 feet to a point; thence North 00 00' 19" East a distance of 607.00 feet to the True Point of Beginning; thence North 00 00 19" East a distance of 295.15 feet; thence South 89 44' 26" East a distance of 60.00 feet; thence South 37 ° 29 15" East a distance of 327.81 feet to a point of tangency of a curve on Laurel Lane having an angle of 43 49 35" and a radius of 155.05 feet; thence South 82 0 22' 10" West a distance of 261.85 feet to the True Point of Beginning.

TOGETHER WITH

Anon-exclusive easement for ingress, egress, and driveway purposes over and along that certain strip of land situate in the County of Douglas, State of Nevada, described as follows:

A portion of the Northeast 1/4 of the Southwest 1/4 of Section 24, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

Commencing at the South 1/4 corner of Section 24, Township 13 N North, Range 18 East, M.D.B.&M.; thence North 00 o3' 36"
East 1652.07 feet along the North-South center line of Section 24 to a point on the Northerly right of way line of Kingsbury Road; thence Westerly along said right of way line North 66 57' 56" West 153.65 feet to a point; thence Westerly along a curve to the left having a radius of 640 feet through a central angle of 47 54' 06" for an arc distance of 535.06 feet to a point; thence North 00 00' 19" East 902.15 feet to a point; thence South 89 4' 26" East 60.00 feet; thence South 37 29' 15" East 327.81 feet to the true point of beginning; thence North 68 27' 23" East 50 feet; thence Northwesterly in a direct line to a point which is North 37 29' 15" West 50 feet from the true point of beginning; thence South 37 29' 15" East 50 feet to the said true point of beginning.

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

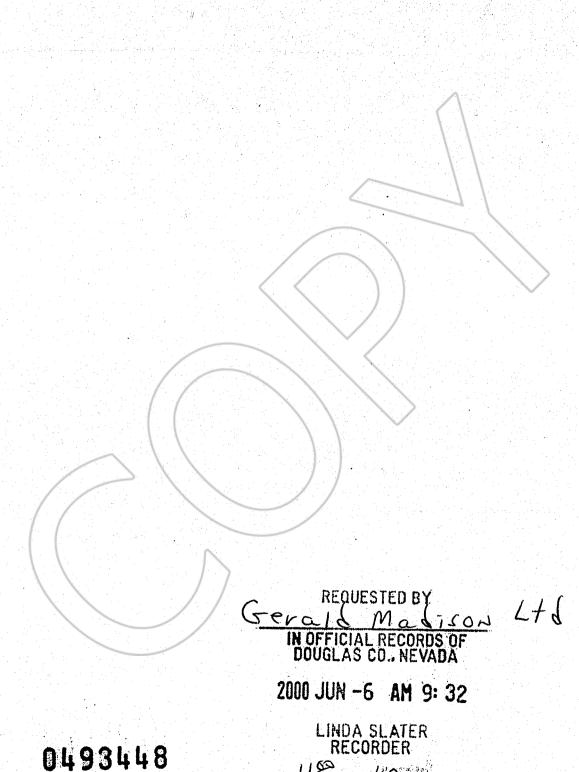
			CERTIFICA	TE OF DE	ATH			
• • • • • • • • • • • • • • • • • • •	LOCAL FILE NUMBER				LOATE OF DEATH	(Marth Day York)	STATE FILE	NUMBER TY OF DEATH
TYPE	DECEASED—NAME First	Middle	Las	1	DATE OF DEATH	(Month, Day, Year)		
OR PRINT	Shirley	Faye	REINSO			24, 2000		ouglas
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTH	ER INSTITUTION—Name (/	f not either, give str	eet and number)	If Hosp, or Inst, indica Rm, Inpatient (Specify	ate DOA, OP/Emer. /)	SEX
	3b Stateline	3c 488 Tau	3c 488 Laurel Lane		3e.		4 Female	
ECEDENT	RACE—(e.g., V/hite, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Copecity Mexican, Cuban, Pue	rigin? Specify 🗆 yes 🖫 no I	f yes. AGE—Last Birthday (Y	(ears) MOS •			RTH (Mo., Day, Yr.)
		specify Mexican, Cuban, Pue S.	eno Hican, etc.	7a. 64	•	7c.		st 24, 1935
	5. White STATE OF BIRTH	CITIZEN OF WHAT COL	IN- Decedent's Education		MARRIED, NEV WIDOWED, DIV	ER MARRIED.	SURVIVING SPOUS	SE (If wife, give maiden name)
IF DEATH OCCURRED IN	(If not U.S.A., name country)	TRY	grade completed.		(Specify) Mar	ried	129au 1 La	Reinschmidt
INSTITUTION SEE HANDBOOK	9a. California SOCIAL SECURITY NUMBER	9b. U.S.A.	Give Kind of Work Done Du	ring Most of	KIND OF BUS	INESS OR INDUSTRY		
REGARDING COMPLETION OF		Working Life, Even if Ref	ired)		14b O	Homo	1	
RESIDENCE ITEMS	13. -1015	14a Homemake	CITY, TOWN, OR LO	CATION	14b. Own	ET AND NUMBER		IDE CITY LIMITS
	RESIDENCE—STATE COUN	TY				00 7 1		ecity Yes or No)
	110100	Douglas	15c. Statel:	ine Imother— <i>maid</i>		188 Laurel	Lane 136	Yes
ADENTA	FATHER—NAME First	Middle	Last	MOTHER-MAID	EIV IVAIVIL	11131	- 11 To 1	
PARENTS	Silas	E	Carter	17.	I	Etta R.F.D. No., City or Tow	Mae	Pruitt
	INFORMANT—NAME (Type or Print)		MAILING ADD			71,74		
	18aPaul L. Reinschm	idt Ir. Hus	band 18b. P.	0. Box 43	322 , Stat	<u>celine, Ne</u>	<u>vada 894</u>	.49
_	BURIAL, CREMATION, REMOVAL, OTHE	R (Specify) CEMET	ERY OR CREMATORY-N	AME		LOCATION	City or Town	State
	19a. Cromation	19b. T	itzHenry's	Cremator	v	19c. Carso	n City,	Nevada
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE	77 77 FUNEF	AL DIRECTOR NAME A	ND ADDRESS OF F	ACILITY Fitz	Henry's Ca	rson Vall	ey Funeral
	(Or Person Acting as Such) 20a.	20b.	20c.UO	ma 1380	Huzz 395	Gardnery	ille. NV	89410
				me; 1300	22a. On the basis	of examination a d/or in ate and place and due	rvestigation, in my or	pinion death occurred
	due to the cause(s) stated.			<u>a</u> <u>a</u>	(Signature and Title	ale and place and ode	ton X	PINGT.
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.,	HOUR OF	DEATH	leted b	DATE SIGNED (M		HOUR OF DEATH	
	EG			omp er's	^{22b} Apr 2	9 2000	22c. Unknov	, m
CERTIFIER	(Signature and Title) DATE SIGNED (Mo., Day, Yr., DATE SIGNED (Mo., Day,	21c.	DTIFIER (Type or Print)		PRONOUNCED D	EAD (Mo., Day, Yr.)	PRONOUNCED D	
3.76.	PE NAME OF ATTENDING PHYS	SICIAN IF OTHER THAN OF	The second second	P ^C			17/1	.
	NAME AND ADDRESS OF C		TAUDING DUVCIGIAN MED	ICAL EXAMINED (22d. ON Apr	24, 2000	22e. AT 1745	E NUMBER
							.23	
Į	23aStanton R.	Lamb, Sgt,	Dep Coroner,	P.O. Bo	\times 218, M	inden, Nev	rada 23b.	L L O
CONDITIONS	REGISTRAR	1 ().	DATE	RECEIVED BY HE	GISTHAH (MO., Da)	5 BEATT BOE 10		3102.182
IF ANY WHICH GAVE	24a. (Signature)	2 X (U)	24b.	Trucy	1, 20CC) 24c. YES	A	etween onset and death
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (ENTER C	ONLY ONE CAUSE PER LIN	IE FOR (a), (b), AND (c).)		e de la companya de La companya de la co		• interval bi	stweett onset and death
CAUSE STATING THE	PART (a) Congestive	Heart Failu	re	10 4.			:	
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONS	SEQUENCE OF:		aja ayasasii da			• Interval b	etween onset and death
	(h)	1 1		/ /			•	
→	DUE TO, OR AS A CON	SEQUENCE OF:					• Interval b	etween onset and death
		1		/		,	•	
CAUSE OF	PART OTHER SIGNIFICANT COND	OITIONS—Conditions contrib	uting to death but not resulti	ng in the underlying	cause given in Par	t 1. AUTOPSY Ye	(Specify WAS CAS s or No) CORONE	E REFERRED TO R (Specify Yes or No)
DEATH	Diabetes Mo					_{26.} No	27. Y e	
	ACC., SUICIDE, HOM., UNDET., DAT	E OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW	INJURY OCCURRE	D		
\	OR PENDING INVEST.		28c. M	28d.				
\	28a. 400.	CE OF INJURY—At home,	200.	LOCATION.	STREET OF	R.F.D. No.	CITY OR TOWN	STATE
/	(Sugari, Yes or No)	building, etc	. (Specify)	28g.				
1	28f.	/_/		20y.		·	A C	COOC
<u>~</u> `8							No.166836	
	OF FIRE of Sec.	/ /						
3	STAIR Les exclusées				f.		0	→
	Janua Silana		STATE REC	SISTRAR	AA	Sim an e	1.1/12	٠

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

MAY 0 1 2000 Date Issued:

0493448

State Registrar



BK0600PG1024