

✓
When recorded, mail to:
George M. Keele
1692 County Road
Minden, NV 89423

Assessor's Parcel No. 1220-20-001-051

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, KATHERINE MARTIN, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

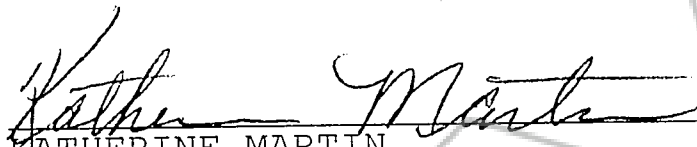
2. I am KATHERINE MARTIN, the person named as KATHERINE A. MARTIN, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded as Document No. 209129 in Book 889, Page 2987, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada, which property described therein is located in the County of Douglas, State of Nevada, and which property is known as 767 Marron Way, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 23, Block E, as shown on the map of MARRON ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.

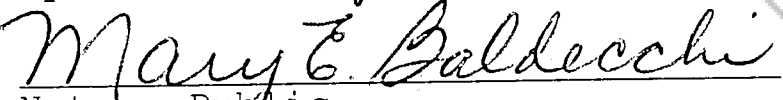
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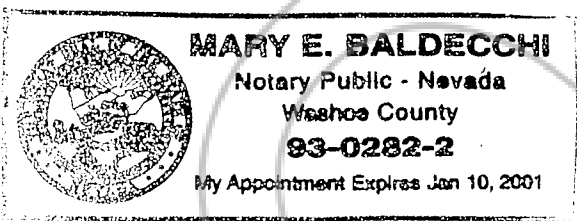
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3. WYBURN W. MARTIN was one of the grantees named in said deed and was the identical person as WYBURN WAYNE MARTIN, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, which person died on the 21st day of May, 2000, in Reno, Nevada.


KATHERINE MARTIN

SIGNED AND SWORN TO (or affirmed)
before me on June 15, 2000,
by KATHERINE MARTIN.


Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 100 IMAGE 368

1195

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER		1195		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Wyburn Wayne MARTIN			2. DATE OF DEATH (Month, Day, Year) May 21, 2000		3a. COUNTY OF DEATH Washoe
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. Emergency Room Emergency Room	
4. SEX Male		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) 69		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) December 27, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY USA	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Katherine Steiner	
13. SOCIAL SECURITY NUMBER 5268		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Glass Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER Marron Way 767		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Wyburn James Martin	
17. MOTHER—MAIDEN NAME First Middle Last Anastasia Zechiel		18a. INFORMANT—NAME (Type or Print) Debra K. Gariador		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 11848 Silicon Avenue, Chico, California 91710	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423	
21a. To be completed by CERTIFYING PHYSICIAN 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. To be completed by Coroner's Office 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>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.) May 24, 2000	
22c. PRONOUNCED DEAD (Mo., Day, Yr.) May 21, 2000		22d. PRONOUNCED DEAD (Hour) 1417		22e. PRONOUNCED DEAD (Hour) 1417	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					23b. LICENSE NUMBER WCC S. 35
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 24, 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) Multiple injuries including skull fractures and cerebral		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: lacerations		Interval between onset and death			
(b) Blunt force aircraft trauma		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. DATE OF INJURY (Mo., Day, Yr.) May 21, 2000		28b. HOUR OF INJURY 1342		28c. DESCRIBE HOW INJURY OCCURRED Pilot of glider aircraft that crashed	
28d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Airport		28e. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE Minden Airport 135 feet N.E. of runway #30 Douglas County, Nevada			

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



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

STATE REGISTRAR

Deputy Registrar: *[Signature]*

[Signature]
0594237

MAY 26 2000

No. 160428

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Sheerin Walsh & Keele
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 16 AM 11:15

LINDA SLATER
RECORDER

\$10.00 PAID *PS* DEPUTY

0494237

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