

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

I, HOWARD MYERS, by Terrance Hayes and Sandra Fairfield, attorneys-in-fact, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That ELEANOR MYERS, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Eleanor L. Myers

named as one of the parties in that certain Grant, Bargain, Sale Deed,
(Type of Document)

dated on the 4th day of November, 1992, and executed by Herbert J. Beyer and Rose E. Beyer, known as "Grantor(s)"

to M. Howard Myers and Eleanor L. Myers, husband and wife as jt tenants, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 292423, on the

4th day of November, 1992, in book 1192 Page 660, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of

---, County of Douglas, State of Nevada.
(Set forth legal description and commonly known street address, if known)

3432 Tourmaline, Carson City, NV 89705
Lot 16, as shown on the Official Map of RIDGEVIEW ESTATES, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 27, 1972, as Document No. 63503.

ASSESSOR'S PARCEL NO. (APN#) 13-164-04

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 6th day of June, 2000 ~~XXXX~~

(Signature) Howard Myers by Terrance Hayes PA
Howard Myers, by Terrance Hayes, his
(Print or type name here) co-attorney-in-fact

(Signature) Sandra Fairfield
Howard Myers, by Sandra Fairfield, his
(Print or type name here) co-attorney-in-fact

STATE OF NEVADA }
COUNTY OF }
On this 6th day of June, 2000

personally appeared before me, a Notary Public
Sandra Fairfield

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

John Bryce
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO
NAME TERRANCE HAYES
ADDRESS 3435 TOURMALINE
CITY/ST/ZIP CARSON CITY, NV 89705

If applicable mail tax statements to
NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0494927
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STATE OF NEVADA

)
) SS.
)

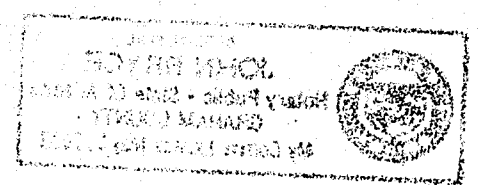
COUNTY OF DOUGLAS

On this 6th day of June, 2000, ~~18~~ _____, personally appeared before me, a notary public, in and for Douglas County, Terrance L. Hayes, personally known (or proved) to me to be the person whose name is subscribed to the within instrument as the attorney in fact of Howard Myers, and acknowledged to me that he subscribed h is own name as attorney in fact.

Arlene E. Lauer
Notary Public



COPIES



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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

U.S. MAIL

APR 24 2000

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

NEVADA DIVISION
MANUFACTURING
LAB VEGAS
909 010498
STATE FILE NUMBER

Altered

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Eleanor MYERS		2. September 4, 1999		3a. Douglas			
3b. Indian Hills		3c. 3432 Tourmaline Drive		3e. 6		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
5. White		6.		7a. 82		11. Married	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Illinois		9b. U.S.A.		10. 12		12. Howard Myers	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 3211A		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Carson City		15d. Tourmaline Drive	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Clifford Stewart		17. Hilda Nelson					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Howard Myers		18b. 3432 Tourmaline Drive, Carson City, Nevada 89705					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy Benson		20b. 9		20c. 1281 North Roop St., Carson City, Nevada 89706			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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 and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9/7/99		21c. 1950		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Dr. T. Matuszewski, 4095 North Carson St., Carson City, NV 89706		23b. 6674					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) Vera R. Kuchemp		24b. Sept. 7, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death			
PART I (a) Cardiac Arrhythmia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Cerebrovascular Accident		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Coronary Heart Disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

Information corrected, State Affidavit #35595, 9/8/99
STATE REGISTRAR Item #7a. 83
Item #8. September 18, 1915
No. 149882



RECEIVED
U.S. MAIL
MAY 18 2000

NEVA
MANUFACTURING
LAB VEGAS
I hereby certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: APR 19 2000 0494927 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Terrence Hays
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 29 AM 11:06

LINDA SLATER
RECORDER

\$1⁰⁰ PAID KJ DEPUTY

0494927

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