

WHEN RECORDED MAIL TO

Ernest E. Adler, Esq.

KILPATRICK, JOHNSTON & ADLER

412 N. Division Street

Carson City, NV 89701

A.P.N. 21-193-19

NEW 1420-34-310-028

AFFIDAVIT TERMINATING JOINT TENANCY

JAY F. TURNER does hereby swear under penalty of perjury that the assertions of this affidavit are true and declares the following:

1. That JAY F. TURNER is a surviving heir of LINDA L. TURNER, the decedent.

2. LINDA L. TURNER died in Reno, Nevada, on June 5, 2000. A certified copy of the Certificate of Death of LINDA LEA TURNER is attached to this Affidavit, marked Exhibit "A."

3. On August 30, 1999, the undersigned, JAY F. TURNER, DEBORA J. TURNER, DAVID L. WILES and LINDA L. TURNER acquired title as joint tenants to a parcel of real property situated in Douglas County, Nevada, by Grant, Bargain and Sale Deed, recorded as Document No. 0476619 of the Official Records of Douglas County, Nevada. The legal description of the real property is as follows:

ALL THAT PORTION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 33, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M., BEING MORE PARTICULARLY DESCRIBED AS PARCEL A, AS SET FORTH ON THE PARCEL MAP OF STRICKLAND PARCELS, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MARCH 5, 1980 IN BOOK 380, PAGE 630, DOCUMENT NO. 42428.


4. At the time of death of LINDA L. TURNER, title to the real property described in paragraph 3 above continued to be held by LINDA L. TURNER, JAY F. TURNER, DEBORA J. WILES, and DAVID L. WILES as joint tenants. As a result of the death of LINDA L. TURNER

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and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by JAY F. TURNER, DEBORA J. WILES and DAVID L. WILES.


DATED this 30 day of JUNE, 2000.

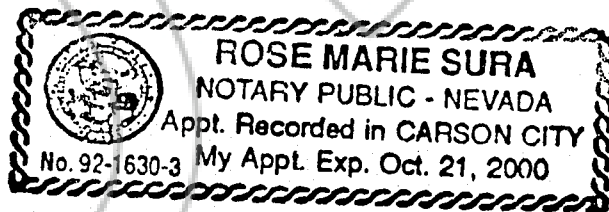

JAY F. TURNER

STATE OF NEVADA)
)ss.
CARSON CITY)

On June 30, 2000, before me, the undersigned, a Notary Public, personally appeared Jay F. Turner, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

Witness My Hand and Official Seal


Notary Public



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

ROLL 100 IMAGE 499

1321

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 Linda Lea TURNER			2. DATE OF DEATH (Month, Day, Year) June 05, 2000		3. 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. Inpatient (Specify) Inpatient		4. SEX Female	
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.		7. AGE—Last Birthday (Years) 7a. 59		8. DATE OF BIRTH (Mo., Day, Yr.) July 02, 1940	
9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Jay F. Turner
13. SOCIAL SECURITY NUMBER ██████-7328		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Scheduler		14b. KIND OF BUSINESS OR INDUSTRY Aerospace Manufacturing			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 2759 Vicky Lane	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER—NAME First Middle Last Henry Walston			17. MOTHER—MAIDEN NAME First Middle Last Roberta Sigler				
18a. INFORMANT—NAME (Type or Print) Jay F. Turner			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2759 Vicky Lane - Minden, Nevada 89423				
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 (Of Person Acting as Such) <i>Jimmy Bunch</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 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) <i>Steven Schiff</i>			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>Steven Schiff</i>				
21b. DATE SIGNED (Mo., Day, Yr.) 6/8/00			21c. HOUR OF DEATH 05:17		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven Schiff, MD 236 W. Sixth St #400, Reno, NV 89503						23b. LICENSE NUMBER 3821	
24a. REGISTRAR (Signature) <i>Sandra Budge</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 9, 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) Metastatic carcinoma Interval between onset and death							
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death							
PART I (c) 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.					26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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	



STATE REGISTRAR

Gyonne Sylva

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

Date Issued: JUN 27 2000

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State Registrar

No.159843

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

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COPY

REQUESTED BY
Ernest E Adler Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUL -3 AM 10: 23

LINDA SLATER
RECORDER

\$15⁰⁰ PAID 2 DEPUTY

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