

WHEN RECORDED MAIL TO  
Ernest E. Adler, Esq.  
✓ KILPATRICK, JOHNSTON & ADLER  
412 N. Division Street  
Carson City, NV 89701

Document being re-recorded for the purpose of removing the joint tenants DEBORA J. TURNER and DAVID L. WILES, as they were not included on the Grant, Bargain and Sale Deed, dated August 30, 1999.

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.

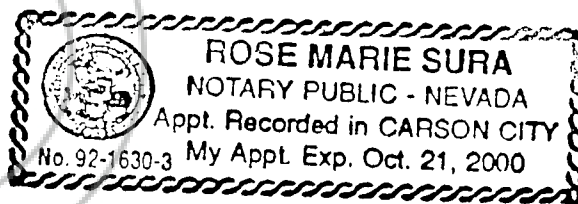
Jay F. Turner  
JAY F. TURNER

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

Rose Marie Sura  
Notary Public



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# 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

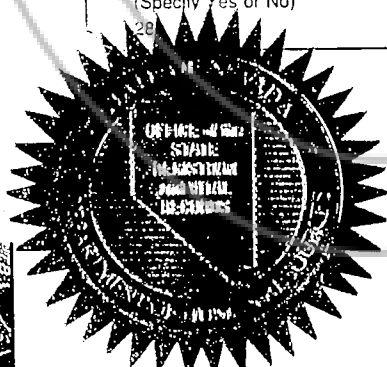
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

|   |   |  |  |   |   |                       |
|---|---|--|--|---|---|-----------------------|
| LOCAL FILE NUMBER<br>DECEASED—NAME First Middle Last<br>1. Linda Lea TURNER   |   | DATE OF DEATH (Month, Day, Year)<br>2. June 05, 2000   |  | COUNTY OF DEATH<br>3a. Washoe   |   |                       |
| CITY, TOWN OR LOCATION OF DEATH<br>3b. Reno   |   | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)<br>3c. Washoe Medical Center  |  | If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br>3e. Inpatient                             | SEX<br>4. Female                                  |                       |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify)<br>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.<br>6. | AGE—Last Birthday (Years)<br>7a. 59  | UNDER 1 YEAR<br>MOS : DAYS<br>7b. :  | UNDER 1 DAY<br>HOURS : MINS<br>7c. :  | DATE OF BIRTH (Mo., Day, Yr.)<br>8. July 02, 1940 |                       |
| STATE OF BIRTH (If not U.S.A., name country)<br>9a. Colorado  | CITIZEN OF WHAT COUNTRY<br>9b. U.S.A.   | Decedent's Education. Specify highest grade completed.<br>10. 10   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>11. Married   | SURVIVING SPOUSE (If wife, give maiden name)<br>12. Jay F. Turner   |   |                       |
| SOCIAL SECURITY NUMBER<br>13. ████████-7328   | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br>14a. Scheduler  | KIND OF BUSINESS OR INDUSTRY<br>14b. Aerospace Manufacturing   |  |   |   |                       |
| RESIDENCE—STATE<br>15a. Nevada  | COUNTY<br>15b. Douglas  | CITY, TOWN, OR LOCATION<br>15c. Minden   | STREET AND NUMBER<br>15d. 2759 Vicky Lane  | INSIDE CITY LIMITS (Specify Yes or No)<br>15e. No   |   |                       |
| FATHER—NAME First Middle Last<br>16. Henry Walston  |   |  | MOTHER—MAIDEN NAME First Middle Last<br>17. Roberta Sigler   |   |   |                       |
| INFORMANT—NAME (Type or Print)<br>18a. Jay F. Turner  |   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>18b. 2759 Vicky Lane - Minden, Nevada 89423    |   |   |                       |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a. Cremation   |   | CEMETERY OR CREMATORY—NAME<br>19b. Walton's Sierra Crematory   |  | LOCATION City or Town State<br>19c. Carson City - Nevada  |   |                       |
| FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)<br>20a. <i>Ammy Bunch</i>   |   | FUNERAL DIRECTOR LICENSE NUMBER<br>20b. 09   | NAME AND ADDRESS OF FACILITY<br>20c. Walton's Douglas County Mortuary<br>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.<br>(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.<br>(Signature and Title) <i>Steven Schiff</i> |  |   |   |                       |
| DATE SIGNED (Mo., Day, Yr.)<br>21b. 6/8/00  |   | HOUR OF DEATH<br>21c. 05:17  |  | DATE SIGNED (Mo., Day, Yr.)<br>22b.   |   | HOUR OF DEATH<br>22c. |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>21d.   |   | 22d. ON  |  | 22e. AT   |   |                       |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)<br>23a. Steven Schiff, MD 236 W. Sixth St #400, Reno, NV 89503 |   |  |  |   | LICENSE NUMBER<br>23b. 3821                       |                       |
| REGISTRAR<br>24a. (Signature) <i>Sandra Budjes</i> Dep.   |   | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br>24b. June 9, 2000  |  | DEATH DUE TO COMMUNICABLE DISEASE<br>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |                       |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I (a) Metastatic carcinoma   |   |  |  | Interval between onset and death  |   |                       |
| (b) DUE TO, OR AS A CONSEQUENCE OF:   |   |  |  | Interval between onset and death  |   |                       |
| (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.  |   | AUTOPSY (Specify Yes or No)<br>26. No  |  | WAS CASE REFERRED TO CORONER (Specify Yes or No)<br>27. No  |   |                       |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)<br>28a.   | DATE OF INJURY (Mo., Day, Yr.)<br>28b.  | HOUR OF INJURY<br>28c. M   | DESCRIBE HOW INJURY OCCURRED<br>28d.   |   |   |                       |
| INJURY AT WORK (Specify Yes or No)<br>28e.  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>28f.   | LOCATION.<br>28g.  | STREET OR R.F.D. No.   | CITY OR TOWN  | STATE   |                       |



STATE REGISTRAR

*Gyovonne 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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No.159843

COPY

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

2000 JUL -3 AM 10: 23

LINDA SLATER  
RECORDER

\$15.00 PAID K2 DEPUTY

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COPY

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

2000 JUL 20 PM 2:30

LINDA SLATER  
RECORDER

\$ 11.00 PAID KD DEPUTY

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