

APN 37-281-10

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

I, MARGERY BLACK, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That ROY BLACK, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as ROY BLACK
(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT, BARGAIN, SALE DEED
(Type of Document)

dated on the 22 day of APRIL, 19 85, and executed by GERALDINE K. PARMENTER, known as "Grantor(s)"

to ROY BLACK AND MARGERY BLACK, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 116705, on the 30 day of APRIL, 19 85, in book _____, 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)

LOT 23, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS Co, NEVADA, ON MARCH 31, 1969.

ASSESSOR'S PARCEL NO. (APN#) 37-281-10

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 \$ 120,000.

In Witness Whereof, I/We have hereunto set my hand/our hands this 10 day of AUG., 19 2000

Margery Black
(Signature)

MARGERY S. BLACK
(Print or type name here)

(Signature)

(Print or type name here)

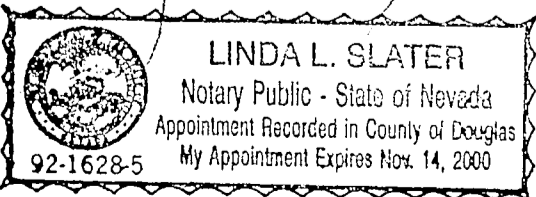
STATE OF NEVADA }
COUNTY OF DOUGLAS }

On this 10th day of August, 2000
personally appeared before me, a Notary Public

MARGERY S. BLACK

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

Linda L. Slater
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME MARGERY BLACK
ADDRESS 3775 TOPAZ RANCH DR.
CITY/ST/ZIP WELLINGTON, NV, 89444

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0497418

BK0800PG1732

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 643

1459

STATE FILE NUMBER

DECEDENT	1. DECEASED—NAME First Middle Last Roy BLACK			2. DATE OF DEATH (Month, Day, Year) June 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		4. SEX Male			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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. 83		8. UNDER 1 YEAR UNDER 1 DAY MOS : DAYS HOURS : MINS 7b. : 7c. :		
	9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
PARENTS	13. SOCIAL SECURITY NUMBER 3238			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Machinist			
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN, OR LOCATION Wellington		15d. STREET AND NUMBER 3775 Topaz Ranch Rd		
16. FATHER—NAME First Middle Last Roy Black, Sr		17. MOTHER—MAIDEN NAME First Middle Last Edith McDaniel		18a. INFORMANT—NAME (Type or Print) Margery Black				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3775 Topaz Ranch Road, Wellington, Nevada 89444	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, 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 John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431			
CERTIFIER	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>[Signature]</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>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. June 27, 2000			
	21c. HOUR OF DEATH 1313			22b. DATE SIGNED (Mo., Day, Yr.) June 27, 2000		22c. HOUR OF DEATH 1313			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON June 21, 2000		22e. AT 1313			
	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					
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>[Signature]</i> Dep.			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 27, 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) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death					
	(b) Atherosclerotic cardiovascular disease 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.									
25. No			26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				
28. ICD-10 CODE (ICM, UNDET., INVEST.)		29b. DATE OF INJURY (Mo., Day, Yr.)		29c. HOUR OF INJURY		29d. DESCRIBE HOW INJURY OCCURRED			
		29b.		29c. M		29d.			
29f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			29g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE				
			29g.						



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

Deputy Registrar: *[Signature]*

STATE REGISTRAR

[Signature] 0497418

Date:

June 30 2000

No.160520

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0800 Pg. 733

COPY

REQUESTED BY
Margery Black
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 AUG 10 AM 10:46

LINDA SLATER
RECORDER

\$ 9.00 PAID BN DEPUTY

0497418

BK0800PG1734