

ASSESSORS PARCEL NUMBER (APN): 1420-34-102-002

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Dennis P. Grider, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Glenda Joyce Grider, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), Glenda J. Grider, named as one of the parties in that certain (type of document) Grant, Bargain and Sale Deed, dated on the 9th day of February, 201993 and executed by Julian C. Smith, Jr. and Leonard Faike as successor Co- * , known as Grantor(s), to Dennis P. Grider and Glenda J. Grider husband and *,*known as Grantees, as joint tenants, and recorded as instrument number 299575, on the 12th day of February, 201993, in Book 293 Page 2275 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada. (Set forth legal description and commonly known street address, if known) Parcel 1 as set forth on the Parcel Map for John and Zell Dickenson, located in the northeast 1/4 of the Northwest 1/4 of Section 34, Township 14 North, Range 20 East, M.D.B.&M., recorded January 11, 1979, Book 179, Page 537, Document No. 28899, Official Records of Douglas County, State of Nevada.

In Witness Whereof, I/We have hereunto set my/our hand(s) this _____ day of _____, 20

Dennis P. Grider
Signature
Dennis P. Grider
Print or Type Name Here

Signature

Print or Type Name Here

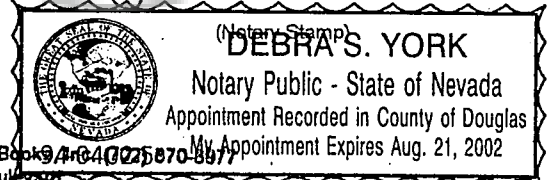
* Trustees for the Julian C. Smith, Jr., Trust No. 2, dated July 5, 1982.
** wife, as Joint Tenants with right of survivorship.

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

On this 27th day of December, 2000
personally appeared before me, a Notary Public
Dennis P. Grider

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that _____ he _____ executed this instrument. Witness my hand and official seal

Debra S. York
Notary Public



RECORDING REQUESTED BY AND MAIL TO
 Name: Dennis P. Grider
Address: 2793 Gordon Ave
City/State/Zip: Minden NV 89423

IF APPLICABLE MAIL TAX STATEMENTS TO
Name:
Address:
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY

0505795
BK 1200PG5559

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

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 1 Glenda Joyce GRIDER		DATE OF DEATH (Month, Day, Year) 2 Oct. 21, 1995	STATE FILE NUMBER	COUNTY OF DEATH 3a Douglas			
CITY, TOWN, OR LOCATION OF DEATH 3b Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c 2793 Gordon Ave.		If Hosp. or Inst. indicate DOA, OP/Emer, Rm., Inpatient (Specify) 3e	SEX 4 Female				
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 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. 6		AGE—Last Birthday (Years) 7a 12	UNDER 1 YEAR MOS : DAYS 7b	UNDER 1 DAY HOURS : MINS 7c	DATE OF BIRTH (Mo., Day, Yr.) 8 Nov. 20, 1950		
STATE OF BIRTH (If not U.S.A., name country) 9a California		CITIZEN OF WHAT COUNTRY 9b U.S.A.		Decedent's Education, Specify highest grade completed 10 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married		SURVIVING SPOUSE (If wife, give maiden name) 12 Dennis Grider	
SOCIAL SECURITY NUMBER 13 ██████████ 8966		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Sign Painter		KIND OF BUSINESS OR INDUSTRY 14b Signs					
RESIDENCE—STATE 15a Nevada		COUNTY 15b Douglas		CITY, TOWN, OR LOCATION 15c Minden		STREET AND NUMBER 15d 2793 Gordon Ave.		INSIDE CITY LIMITS (Specify Yes or No) 15e Yes	
FATHER—NAME First Middle Last 16 Gerhard Clasen		MOTHER—MAIDEN NAME First Middle Last 17 Gertrude Klausung							
INFORMANT—NAME (Type or Print) 18a Dennis Grider		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 2793 Gordon Ave. Minden Nev. 89423							
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Sierra Crematory		LOCATION City or Town State 19c Reno Nev.					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b 94		NAME AND ADDRESS OF FACILITY 20c Walton's Chapel of the Valley 1281 N. 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. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b 10/23/95		HOUR OF DEATH 21c 0210		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.) 22b		HOUR OF DEATH 22c			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a John P. Kelly, M. D., 550 W. Washington St., Carson City, Nv.		LICENSE NUMBER 23b 6376					
REGISTRAR 24a (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b 10-23-95		DEATH DUE TO COMMUNICABLE DISEASE 24c 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) Lung Cancer, non small cell DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death 3 months					
(b)				Interval between onset and death					
(c)				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) 26 No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 Yes					
ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b		HOUR OF INJURY 28c M.		DESCRIBE HOW INJURY OCCURRED 28d			
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f		LOCATION 28g		STREET OR R.F.D. No. CITY OR TOWN STATE			

No. 87146



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

Issued:

OCT 23 1995

By: *[Signature]*
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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COPY

REQUESTED BY
Dennis P Grider
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC 27 PM 12:48

LINDA SLATER
RECORDER

\$ 9⁰⁰ PAID KD DEPUTY

0505795

BK 1200PG5561