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A.P.N. 1321-33-001-020

When Recorded Mail To:

Cinda L. Dickey
Post Office Box 1523
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

CINDA L. DICKEY, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the Affiant is the person named as CINDA L. DICKEY, joint tenant, one of the grantees of that certain Individual Grant Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 10th day of October, 1996, in Book 1096, Page 1851, Instrument Number 398484, wherein KARL W. SNYDER, a widower, and CINDA L. DICKEY, a married woman as her sole and separate property, as joint tenants, were named as grantees to all that real property described as follows:

The North 330 feet of the South 1,020 feet of the West ½ of the Southwest 1/4 of the Northwest 1/4 of Section 33, Township 13 North, Range 21 East, M.D.V. & M.

That KARL W. SNYDER was one of the grantees named in said Individual Grant Deed and was the identical person named as KARL W. SNYDER, the decedent, in that Certificate of Death, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set forth in

James M. O'Reilly, Attorney at Law
3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89129 (702) 477-7517 **0505811**
✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

full, verbatim.

That your Affiant is the surviving daughter of said decedent, and that said decedent died on the 16th day of May, 2000.

That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Cinda L. Dickey
CINDA L. DICKEY

SUBSCRIBED AND SWORN to before me

this 20 day of December, 2000.

Teri Groves
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

2000 0005755
STATE FILE NUMBER

LOCAL 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 Karl W. SNYDER			2. DATE OF DEATH (Month, Day, Year) May 16, 2000		3. COUNTY OF DEATH Douglas								
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 596 Highway 395 Space # 25			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6		4. SEX Male						
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 88		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Nov. 2, 1911			
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 14 years		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)					
13. SOCIAL SECURITY NUMBER 0006		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired Service Repairman 549			14b. KIND OF BUSINESS OR INDUSTRY (Specify) Retail 691								
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER Space 25 596 Highway 395		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER—NAME First Middle Last John Snyder			17. MOTHER—MAIDEN NAME First Middle Last Bertha Pfeifer										
18a. INFORMANT—NAME (Type or Print) Karl D. Snyder				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 2082, Gardnerville, Nevada 89410									
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 (Or Person Acting as Such) <i>Ammy Bumer</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Capital City Cremation 44 1614 North Curry Street, Carson City, Nevada								
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>Kathleen Tadich</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>Kathleen Tadich</i> 066								
21b. DATE SIGNED (Mo., Day, Yr.) 5-17-00					21c. HOUR OF DEATH 0530		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 5-16-00					22c. PRONOUNCED DEAD (Hour) 0530	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. ON 5-16-00							22e. AT 0530	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER.) (Type or Print.) Kathleen Tadich, Coroner, P.O. Box 218, Minden, Nevada 89423										23b. LICENSE NUMBER 066			
24a. REGISTRAR (Signature) <i>Debra R. Hopkins</i>				24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 18, 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) Metastasized Prostate Cancer DUE TO, OR AS A CONSEQUENCE OF:										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) Yes			
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		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

No.159385

Birth Cert# 11 000481

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

Date Issued:

AUG 03 2000 505811

EXHIBIT

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1200PG5610

COPY

REQUESTED BY

James O'Reilly

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC 27 PM 3: 05

LINDA SLATER
RECORDER

\$ 10⁰⁰ PAID ka DEPUTY

0505811

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