

APN 1220-15-410-037

✓ When recorded, mail to:  
George M. Keele  
1692 County Road  
Minden, NV 89423

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
                                  : ss.  
COUNTY OF DOUGLAS        )

I, JUANITA M. HUMPHREYS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am JUANITA M. HUMPHREYS, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded as Document No. 213646 in Book 1089, Page 3172, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 826 Long Valley Road, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 26, in Block O, as said lot and block are on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, page 055, Filing No. 35914.

Assessor's Parcel No. 1220-15-410-037.

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3. JOSEPH D. HUMPHREYS, also one of the grantees named in said deed, is the identical JOSEPH DALE HUMPHREYS named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on the 25th day of September, 2000, in Carson City, Nevada.

*Juanita M. Humphreys*  
\_\_\_\_\_  
JUANITA M. HUMPHREYS

SIGNED AND SWORN TO (or affirmed)  
before me on January 22, 2001,  
by JUANITA M. HUMPHREYS.

*Mary E. Baldecchi*  
\_\_\_\_\_  
Notary Public



# STATE OF NEVADA

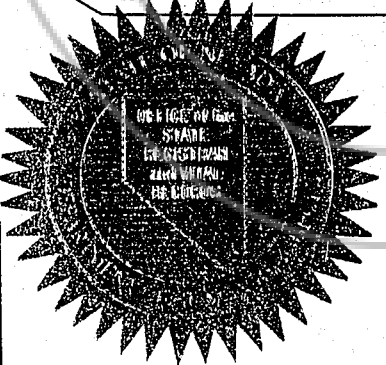
## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

20000010959

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Joseph Dale HUMPHREYS		2. September 25, 2000	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Carson City		3c. Carson Tahoe Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. No	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 71		MOS : DAYS	
UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
HOURS : MINS		8. July 5, 1929	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [REDACTED] 0203		10. 12	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas	
COUNTY		STREET AND NUMBER	
15c. Gardnerville		15d. Long Valley Road 826	
INSIDE CITY LIMITS (Specify Yes or No)		SURVIVING SPOUSE (If wife, give maiden name)	
15e. Yes		12. Juanita McCoy	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Clifford Humphreys		17. Sarah Smith	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Juanita Humphreys		18b. 826 Long Valley Rd, Gardnerville, Nevada 89401	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. MountainView Cemetery	
LOCATION City or Town State		19c. Reno, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 9	
NAME AND ADDRESS OF FACILITY		20c. 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.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 9/27/00		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2115		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON	
21e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Dr. R. McDonald, 710 W. Washington St., Carson City, Nevada 89703		23b. 6433	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. September 28, 2000	
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).)		Interval between onset and death	
PART I (a) Respiratory Failure		Days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Pneumonia, Aspiration		Days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Esophageal Cancer		Months	
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)	
Cirrhotic of Liver		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [Signature]		28b. [Signature]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [Signature]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [Signature]		28f. [Signature]	
LOCATION		STREET OR R.F.D. No.	
28g. [Signature]		28h. [Signature]	
CITY OR TOWN		STATE	

No.159666



STATE REGISTRAR

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

[Signature: Yvonne Sylva]

Date Issued: NOV 07 2000

0507192

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT A

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COPY

REQUESTED BY  
George Keele  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 JAN 22 PM 12: 38

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID ka DEPUTY

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