

When Recorded Mail To:

Don L. Ross  
P.O. Box 2311  
Reno, Nevada 89505

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF WASHOE    )

JOE RAPIC, being duly sworn, deposes and says:

That he 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 JOE RAPIC, joint tenant, one of the two grantees on that certain Grant, Bargain and Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on August 18, 1998, in Book 0898 at page 3706, being document number 0447320, wherein, CHRISTIANE M. RAPIC and JOE RAPIC, husband and wife, as joint tenants, were named as grantees to all that real property located in Douglas County, Nevada, described as follows:

Lot 87, Block L, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessment Parcel No. 1320-33-810-037

That CHRISTIANE M. RAPIC was one of the grantees named in said Grant, Bargain and Sale Deed and was the identical person named as CHRISTIANE M. RAPIC, the decedent, in that Death Certificate, a certified copy of which is annexed

0512155

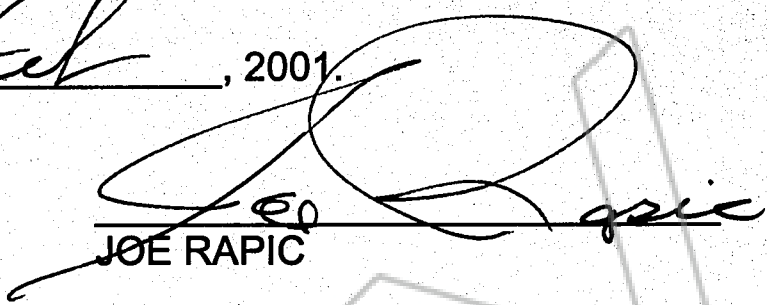
BK0401PG2857

hereto as "Exhibit A" and made part hereof, as if set forth in full, verbatim.

That said decedent died on the 23<sup>rd</sup> day of August, 1999.

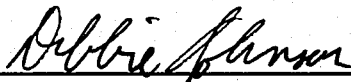
That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

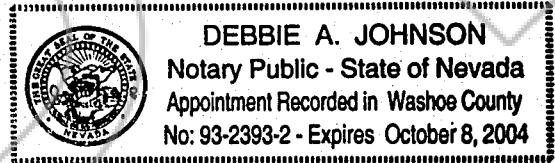
Dated this 26 day of Feb, 2001.

  
JOE RAPIC

SUBSCRIBED AND SWORN before me

this 26<sup>th</sup> day of February, 2001.

  
NOTARY PUBLIC  
My Commission Expires: 10-8-04



Mail Tax Statements To: A.P.N. 1320-33-810-037

JOE RAPIC  
610 Mottsville Lane  
Gardnerville, NV 89410

# 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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>Christiane M. RAPIC</b>		2. <b>August 23, 1999</b>	3a. <b>Douglas</b>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. <b>Gardnerville</b>		3c. <b>610 Mottsville Lane</b>	3e. <b>Female</b>
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.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. <b>White</b>	6. <b>X</b>	7a. <b>76</b>	8. <b>January 9, 1923</b>
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. <b>Belgium</b>	9b. <b>U.S.A.</b>	10. <b>16</b>	11. <b>Married</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. <b>-0968</b>	14a. <b>Self Employed</b>	14b. <b>Real Estate Business</b>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Gardnerville</b>	15d. <b>610 Mottsville Lane</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>Gaston Rousseau</b>		17. <b>Mary Louise Pothiers</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Joseph Ropic - Husband</b>		18b. <b>610 Mottsville Lane, Gardnerville, Nevada 89410</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. <b>Burial</b>	19b. <b>Eastside Memorial Park</b>	19c. <b>Gardnerville, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>Jammy Burns</i>	20b. <b>9</b>	20c. <b>Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423</b>	
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>A. Tang</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>A. Tang</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. <b>8/23/99</b>		21c. <b>1220</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. <b>Dr. A. Tang, 1107 Hwy 395, Gardnerville, Nevada 89410</b>		23b. <b>8365</b>	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>Ram Gillilan</i>	24b. <b>August 25, 1999</b>	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) <b>CHF</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) <b>COPO</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		Interval between onset and death
PART II <b>L.E. Edema</b>	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. <b>No</b>	27. <b>Yes</b>		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. <b>M</b>	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

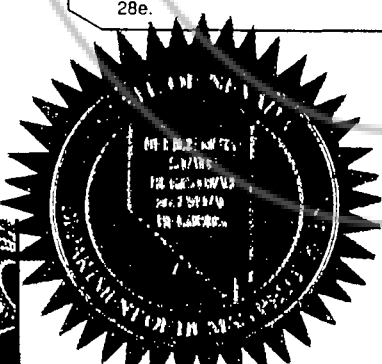
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 150815

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

Date Issued:

AUG 25 1999

*Yvonne Sylva*  
0512155 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0401 PG 2859

COPY

REQUESTED BY  
Woodward & Wedge  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 APR 12 AM 10: 27

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID 12 DEPUTY

0512155

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