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New APN: 1220-04-111-030
APN 25-373-15

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO

Stephen R. Wassner

✓ Attorney at Law

206 South Division Street - Suite 2

Carson City, Nevada 89703-4276

Affidavit Terminating Joint Tenancy


I, Elmer B. Anderson, husband and surviving joint tenant of Margaret K. Anderson, being first duly sworn, deposes and says, under penalty of perjury, that Affiant is over the age of 21 years of age, competent to be a witness as to the matters hereinafter stated, and that the assertions of this Affidavit Terminating Joint Tenancy are true and correct as follows:

1. That Affiant is the same person named as Elmer B. Anderson, Grantee in that certain deed recorded on July 30, 1984, as document number 104336, in the Official Records in the Office of the County Recorder of Douglas County, State of Nevada and relating to the following described real property:

Lot 131, as shown on the official map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, as File No. 43243.

2. That Margaret K. Anderson was one of the Grantees named in said deed and is the identical person named Margaret Kellom Anderson in that certain Death Certificate, a certified copy is annexed hereto and made a part hereof.

3. At the time of the death of Margaret K. Anderson, title to the real property described in paragraph 2 above continued to be held by Elmer B. Anderson and Margaret K. Anderson, as joint tenants with rights of survivorship. As a result of the death of Margaret K. Anderson and the joint tenancy form of title, the real property described in paragraph 2 above is now owned by Elmer B. Anderson.



Elmer B. Anderson

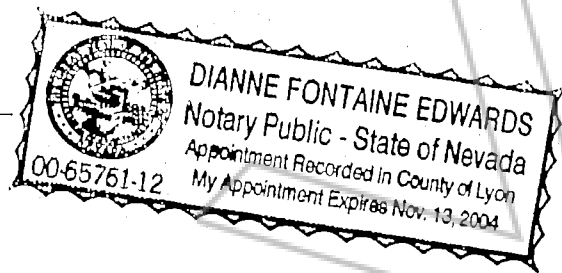
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STATE OF NEVADA)
CARSON CITY)

On this 30th day of April 2001, personally appeared before me, a Notary Public duly commissioned and sworn, Elmer B. Anderson, known to me to be the person who executed the within instrument and who acknowledged to me that he had read the foregoing Affidavit Terminating Joint Tenancy, knows the contents thereof, and executed the same for the uses and purposes therein mentioned.

Dianne Fontaine Edwards
Notary Public



COPY

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

94 002974

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

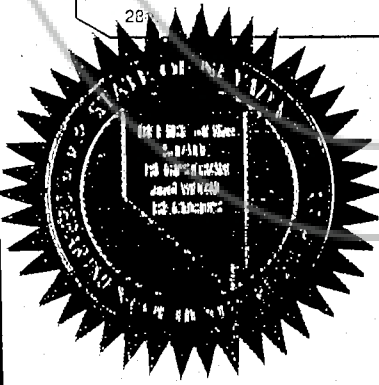
DISPOSITION

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		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Margaret Kellom Anderson		2. March 22, 1994		3a. Carson City	
3b. Carson City		3c. Carson-Tahoe Hospital		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	SEX
5. 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.		7a. 85	7b. UNDER 1 YEAR MOS : DAYS
9a. California		9b. United States		11. Married	
13. 1761		14a. Medical Assistant		14b. Health care	
15a. Nevada		15b. Douglas		15c. Gardnerville	
15d. 1241 Kings Lane		15e. Yes		12. Elmer B. Anderson	
16. John Henry Kellom		17. Loretta Ellen Terry		18a. Elmer B. Anderson	
18b. 1241 Kings Lane Gardnerville, NV 89410		19a. Cremation		19b. FitzHenry's Crematory	
20a. [Signature]		20b. 36		20c. Crematory 833 N Edmonds Dr. Carson City, NV 89702	
21a. [Signature]		21b. March 23, 1994		21c. 0530	
23a. Lee Van Epps, M.D. 604 W. Washington St. Carson City, Nevada		23b. 5904		24a. [Signature]	
24b. March 23, 1994		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) Acute renal failure		PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. No	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28c. M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION. STREET OR R.F.D. No.		28f. CITY OR TOWN STATE	



STATE REGISTRAR

Gyonne Sylva

No. 064720

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

Date Issued: AUG 24 2000

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Stephen Wassner

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 MAY -3 AM 9:48

LINDA SLATER
RECORDER

\$10⁰⁰ PAID KJ DEPUTY

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