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A.P.N. 29-184-06

NEW 1220-21-610-220

When Recorded Mail To:

Gail L. Moore  
718 Addler Road  
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA            )  
  : ss  
COUNTY OF DOUGLAS    )

GAIL L. MOORE, being first 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 GAIL L. MOORE, one of the grantees of that certain Grant, Bargain, Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 31<sup>st</sup> day of August, 1989, in Book 889, Page 4598, Instrument Number 209899, wherein GAIL L. MOORE and EDITH MOORE, Husband and Wife, as Joint Tenants with right of survivorship were named as grantees to all that real property described as follows:

Lot 372, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

That EDITH MOORE was one of the grantees named in said Grant, Bargain, Sale Deed and was the identical person named as EDITH MOORE, 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  
✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

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full, verbatim.

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 7<sup>th</sup> day of February, 2001.

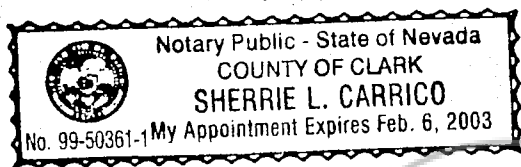
That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

*Gail L Moore*  
GAIL L. MOORE

SUBSCRIBED AND SWORN to before me

this 3rd day of May, 2001.

*Sherrie L. Carrico*  
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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

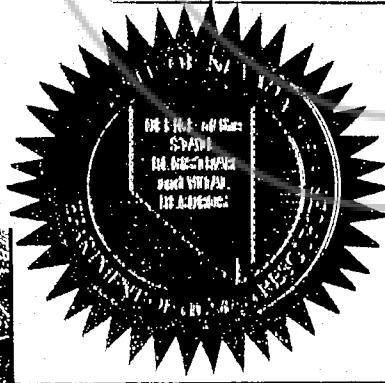
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last <b>Edith MOORE</b>			2. DATE OF DEATH (Month, Day, Year) <b>February 7, 2001</b>		3a. COUNTY OF DEATH <b>Carson City</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson-Tahoe Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	4. SEX <b>Female</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) <b>80</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>3637</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Machine Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>718 Addler Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER—NAME First Middle Last <b>A. Lincoln Williams</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Christie Nelson</b>		
18a. INFORMANT—NAME (Type or Print) <b>Gail Leon Moore</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>718 Addler Rd., Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Hill</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410</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>Gary Dankworth</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>Gary Dankworth</i>		
21b. DATE SIGNED (Mo., Day, Yr.) <b>2/8/01</b>			21c. HOUR OF DEATH <b>0610</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo., Day, Yr.)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Gary Dankworth, M.D., 812 N. Nevada St., Carson City, Nevada</b>			22c. HOUR OF DEATH		
23a. REGISTRAR			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Feb. 9, 2001</b>		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) <b>congestive heart failure</b>					
PART I (b) <b></b>					
PART I (c) <b></b>					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>pneumonia diabetes mell.</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
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

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

Date Issued: **FEB 09 2001 0513653**

State Registrar

No.177597  
EXHIBIT  
"A"

*Syonna Sylva*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
James O'Reilly  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 MAY -7 PM 2: 51

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID 2 DEPUTY

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