

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, Loretta Stender, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Tom Scott Stender, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), Tom Scott Stender, named as one of the parties in that certain (type of document) Deed, dated on the 10<sup>th</sup> day of August, 1990, and executed by Loretta M. Vestala Stender, known as Grantor(s), to Loretta Stender & Tom Scott Stender, known as Grantees, as joint tenants, and recorded as instrument number 224039, on the 16<sup>th</sup> day of April, 20 1990, in Book 490 pg. 2151 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of \_\_\_\_\_, County of Douglas, State of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 10 - in Block 2 as shown on the map of Gardnerville Ranchos tract No. 4. filed in the office of the county recorder of Douglas County - State of Nevada on April 10 - 1967 in map Book 1-filing 35914

In Witness Whereof, I/We have hereunto set my/our hand(s) this 8 day of August, 2001

Loretta Stender  
Signature  
Loretta Stender  
Print or Type Name Here

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name Here

STATE OF NEVADA )  
COUNTY OF )

On this 8 day of August, 2001 personally appeared before me, a Notary Public Loretta Stender


personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that he executed this instrument. Witness my hand and official seal

Ellyn Coyne  
Notary Public (Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO  
 Name: Loretta Stender  
Address: 1447 Palisade Cr.  
City/State/Zip: Gardnerville Nev 89410

IF APPLICABLE MAIL TAX STATEMENTS TO  
Name:  
Address:  
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY

 **ELLYN COYNE**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 97-4132-5 - Expires October 13, 2001

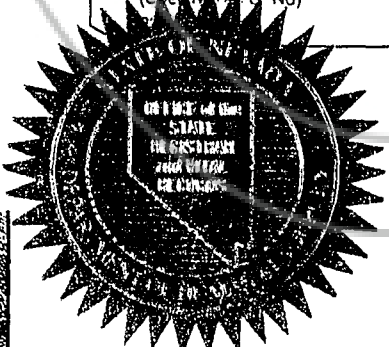
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# STATE OF NEVADA

## 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	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1.	Tom Scott STENDER			2. September 15, 2000	3a. Douglas	
DECEDENT	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)	SEX	
	3b. Gardnerville		3c. 1447 Palisade Circle		3e.	4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.		7a. 47	7b. :	7c. :	8. Aug. 25, 1953
PARENTS	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)		SURVIVING SPOUSE (If wife, give maiden name)
	9a. California	9b. U.S.A.	10. 14 years		11. Married		12. Loretta Mueller
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	1. 3504		14a. Supervisor		14b. Gaming		
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 1447 Palisade Circle	15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Leon Stender			17. Shirley Scott			
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Loretta Stender		18b. 1447 Palisade Circle, Gardnerville, Nevada 89410				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Walton's sierra crematory		19c. Carson City, Nevada		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
	20a. Jimmy Burns		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423		
CAUSE OF DEATH	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)			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)			
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			
CAUSE OF DEATH	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21c. HOUR OF DEATH		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d.			21c.		22c. 0600	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
	23a. Phil Lesquereux Deputy Coroner, P.O. Box 218, Minden, Nv. 89423					23b. 286	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) Kristene Kape		24b. September 18, 2000		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
	PART I (a) Leiomyosarcoma DUE TO, OR AS A CONSEQUENCE OF:						
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						
	26. No						
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.		28b.	28c. M	28d.		
CAUSE OF DEATH	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
	28f.		28f.		28g.		



No.159397

STATE REGISTRAR

*Gyonne Sylva*

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

Date Issued: SEP 18 2000 0520234 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY

*Veretta Stender*

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 AUG -8 PM 2: 31

LINDA SLATER  
RECORDER

\$ 9.00 PAID AB DEPUTY

0520234

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