

APN: 1220-17-512-015
R.P.T.T.: \$0.00 - Exempt (4)
After Recording Mail To:
George E. Fisher
965 Springfield Drive
Gardnerville, NV 89410

AFFIDAVIT TERMINATING JOINT TENANCY
(Death of a JOINT TENANT)
TITLE OF DOCUMENT

The undersigned, **George E. Fisher** of legal age, being first duly sworn, deposes and states the following as required by **NRS 111.365**:

1. That ^{Myrtle} Josephine Fisher having become deceased on June 6, 2001 pursuant to the attached certified copy Certificate of Death, is the same person as **Josephine Fisher** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated and executed by **John Fent and Shelley Fent** to **George E. Fisher and Josephine Fisher, husband and wife as Joint Tenants**, recorded on **July 28, 2000**, in Book **0700**, at Page **4570**, as Recorded Document No. **0496610** of Official Records of the **Douglas** County Recorder's Office, **Douglas** County, State of **Nevada**.
2. The real property subject hereof is located at **965 Springfield Drive, Gardnerville, Nevada 89410** and is legally described as follows:

Lot 74 in Block A of the FINAL MAP OF PLEASANTVIEW PHASE 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1194, as Document No. 324312.
3. That the undersigned affiant, **George E. Fisher** is the surviving spouse of the named decedent.

DATED this 24 day of July, 2001.

George E. Fisher
George E. Fisher

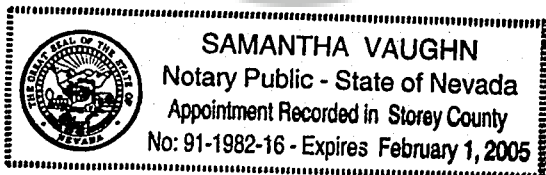
STATE OF NEVADA)
COUNTY OF WASHOE) ss

SUBSCRIBED AND SWORN before me this
24 day of July 2001.

WITNESS my hand and official seal

Samantha Vaughn
NOTARY PUBLIC

My Commission Expires: _____



0522414

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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

DECEDENT

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

PARENTS

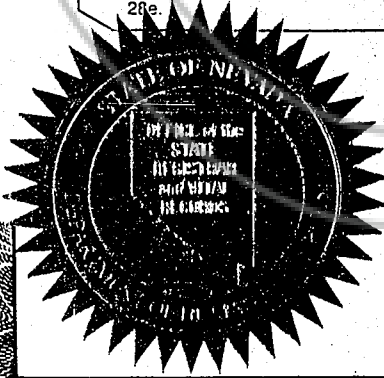
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Myrtle Josephine FISHER		2. June 6, 2001	3a. Douglas
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. Gardnerville		3c. 965 Springfield Drive	3e. 4. Female
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
5. White	6.	7a. 77	7b. : 7c. : UNDER 1 DAY HOURS : MINS
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. Kansas	9b. U.S.A.	10. 13	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. -6439	14a. Homemaker	14b. Own Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 965 Springfield Drive
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Adolph Eyer		17. Helen Dodson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. George E. Fisher		18b. 965 Springfield Drive, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town	State
19a. Removal/Burial	19b. Oak Hill Cemetery	19c. San Jose	California
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. [Signature]	20b. 511	20c. 2155 Kietzke Lane, Reno, Nevada 89502	
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]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 6/7/01		22b. 22c.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0800		22c.	
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. STEVEN A. SCHIFF, MD 236 W. SIXTH ST #400 RENO NV 89503		23b. 3821	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]	24b. June 7, 2001	24c. YES <input type="checkbox"/> NO <input 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) (c)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	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.	



STATE REGISTRAR

Gyonna Sylva

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

Date Issued: JUN 07 2001 0522414 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No. 183218

COPY

REQUESTED BY
No American Deed
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 SEP -7 PM 3: 20

LINDA SLATER
RECORDER

\$ ^{9.00} PAID KJ DEPUTY

0522414

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