

APN: 1220-04-112-040

RECORDING REQUESTED BY:
Gladys V. Gust

WHEN RECORDED MAIL TO:
1281 Kings Lane, Gardnerville, NV 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Gladys V. Gust, being first duly sworn and of legal age, deposes and says:

1. The Affiant is one of the grantees named in the Grant, Bargain, Sale Deed, dated August 29, 1988, recorded as Instrument No. 185680 in Book 988, Page 509, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 1281 Kings Lane, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 125, as shown on the official map of Kingslane Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971, in Book 94, page 517, as File No. 55958.

2. Donald F. Gust, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 25th day of August, 1998, in Carson City, State of Nevada.

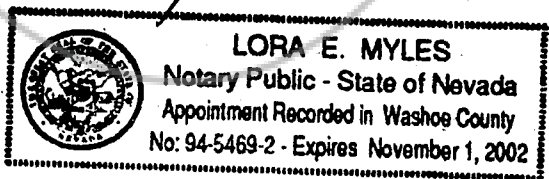
3. Donald F. Gust and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 24 day of September, 2001.

Gladys V. Gust
Gladys V. Gust

Subscribed and Sworn to before me
this 24 day of September, 2001,
by Gladys V. Gust.

Lora E. Myles



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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

LOCAL FILE NUMBER

STATE FILE NUMBER

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

| | | | | | | | | | |
|---|--|--|--|---|---|---|------------------------------------|---|--|
| 1. DECEASED—NAME First Middle Last Donald Francis GUST | | | 2. DATE OF DEATH (Month, Day, Year) August 25, 1998 | | 3a. COUNTY OF DEATH Carson City | | | | |
| 3b. CITY, TOWN OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient | | 4. SEX Male | | | |
| 5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) 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. AGE—Last Birthday (Years) 73 | | 7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS | | 8. DATE OF BIRTH (Mo., Day, Yr.) June 14, 1925 | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska | | 9b. CITIZEN OF WHAT COUNTRY U.S.A. | | 10. Decedent's Education. Specify highest grade completed. 14 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (If wife, give maiden name) Gladys V. Erickson | |
| 13. SOCIAL SECURITY NUMBER 5621 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Accountant | | 14b. KIND OF BUSINESS OR INDUSTRY Gaming & Construction | | | | | |
| 15a. RESIDENCE—STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN, OR LOCATION Gardnerville | | 15d. STREET AND NUMBER 1281 Kings Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER—NAME First Middle Last William Gust | | | 17. MOTHER—MAIDEN NAME First Middle Last Linda Needham | | | | | | |
| 18a. INFORMANT—NAME (Type or Print) Gladys V. Gust | | | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1281 Kings Lane, Gardnerville, Nevada 89410 | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory | | 19c. LOCATION City or Town State Carson City, Nevada | | | | | |
| 20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James H. Hill</i> | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 217 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nv. 89410 | | | | | |
| 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>Eric Cantlin</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>Eric Cantlin</i> | | | | | |
| 21b. DATE SIGNED (Mo., Day, Yr.) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo., Day, Yr.) 8/26/98 | | 22c. HOUR OF DEATH 2236 | | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 22d. ON 8/25/98 | | 22e. AT 2236 | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada | | | | | | 23b. LICENSE NUMBER CO-6 | | | |
| 24a. REGISTRAR (Signature) <i>Ruth M. Douglas</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 27, 1998 | | 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).) | | | | | | | Interval between onset and death | | |
| PART I (a) Lung Carcinoma | | DUE TO, OR AS A CONSEQUENCE OF: | | | | | : Months | | |
| (b) | | DUE TO, OR AS A CONSEQUENCE OF: | | | | | : Interval between onset and death | | |
| (c) | | 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. | | | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 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 | | 28h. STREET OR R.F.D. No. CITY OR TOWN STATE | | | |

STATE REGISTRAR

No. 135541

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

Date Issued:

AUG 27 1998

0523417

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Gladys Gast
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 SEP 24 PM 3:12

LINDA SLATER
RECORDER

\$ 9.00 PAID Ka DEPUTY

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