

**AFFIDAVIT - TERMINATION OF JOINT TENANCY**  
**(Death of a Joint Tenant)**

I, Maryann G. Harrison, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That John L. Harrison, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John L. Harrison, named as one of the parties in that certain Individual Grant Deed, dated on the 5th day of June, 1995, and executed by H & S Construction, Inc., known as Grantor, to John L. Harrison and Maryann G. Harrison as husband & wife with right of survivorship, known as Grantees, as Joint Tenants, and recorded as Instrument No. 363825, on the 9th day of June, 1995, in book BK0695PG1488, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

LOT 6, IN BLOCK A, OF THE FINAL MAP OF SUNRISE HEIGHTS II, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 30, 1993, AS DOCUMENT NO. 311338.

Commonly known as 3528 Smoketree Avenue, Carson City, Nevada 89705

ASSESSOR'S PARCEL NO. (APN#) 21 304 17

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 221,000.

In Witness Whereof, I have hereunto set my hand this 19 day of OCTOBER, 2001.

Maryann G. Harrison  
**Maryann G. Harrison**

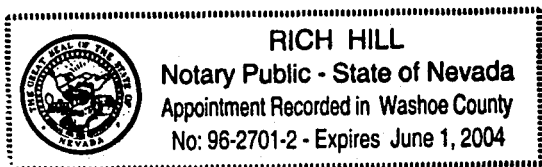
STATE OF NEVADA        )  
  )ss  
COUNTY OF DOUGLAS    )

On this 19 day of OCT, 2001, before me, the undersigned Notary Public, appeared MARYANN G. HARRISON personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that she executed it.

WITNESS MY HAND AND OFFICIAL SEAL:

Rich Hill  
Notary Public for the State of Nevada

My Commission Expires: 6/1/04



RECORDING REQUESTED BY AND MAIL TO

Maryann G. Harrison  
3528 Smoketree Avenue  
Carson City, NV 89705

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0525706

BK1001PG6465

# 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			STATE FILE NUMBER		
	1. DECEASED—NAME First Middle Last <b>John L. HARRISON</b>			2. DATE OF DEATH (Month, Day, Year) <b>June 17, 2001</b>		3a. COUNTY OF DEATH <b>Douglas</b>
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH <b>Indian Hills</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3528 Smoke Tree</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e.</b>	4. SEX <b>Male</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.		7a. AGE—Last Birthday (Years) <b>72</b>	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS <b>September 10, 1928</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>13</b>	
	13. SOCIAL SECURITY NUMBER <b>5154</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Lieutenant Fireman</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
PARENTS	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Indian Hills</b>	
	16. FATHER—NAME First Middle Last <b>James Harrison</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Louise Pitts</b>			
DISPOSITION	18a. INFORMANT—NAME (Type or Print) <b>Maryann G. Harrison - Wife</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3528 Smoke Tree, Carson City, Nevada 89706</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada</b>	
CERTIFIER	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701</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>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>6/19/01</b>		21c. HOUR OF DEATH <b>1605</b>	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>John P. Kelly, M.D., 550 W. Washington St., Carson City, NV 89703</b>		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
	22c. HOUR OF DEATH		22d. ON		22e. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. REGISTRAR <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>June 20, 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>Pancreatic Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death <b>2 months</b>			
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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		
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		

No. 183719

STATE REGISTRAR

*[Signature]*  
Yvonne Sylva

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: JUN 20 2001

0525706

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1001PG6466

COPY

REQUESTED BY  
Maryann C. Harrison  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 OCT 19 PM 12:05

LINDA SLATER  
RECORDER

\$ 14.00 PAID Alt DEPUTY

0525706

BK 1001 PG 6467