AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

and says:
will surjet
the Decedent
That (Deceased Name as shown on Death Certificate) Donald Alton Pierce, aka Donald A. Pierce, the Decedent
mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on named as one of
Deed), Dollatu A. Fierce
the panies in that Certain (type of document) Bargain and Sale Deed
known as Grantor(s),
to <u>Donald A. Pierce and Beatrice E. Pierce</u> , known as Grantees, as joint tenants,
and recorded as instrument number, on the 14th day of
March , 26 1997 in Book 0397 Page 2108 of Official Records of
Douglas County, Nevada, covering the following described property situated in the City of
unincorporated area of the, County of
of Nevada. (Set forth legal description and commonly known street address, if known) Unit 351 as shown on the final map
number 1008-7A for Winhaven, Unit Number 7, PhaSE A, a planned unit develop-
ment, filed for recordin the office of the County Recorder of Douglas County,
Nevada, on November 17, 1995, in Book 1195 of Official Recorde at Page 2675,
as do fill Willies Whereof, 7/4050 have hereunto set my/our hand(s) this and day of January ,2002
Douter (Tubica)
Signature BEATRICE E. PIERCE Signature
1-02-2002
The state of the s
Print or Type Name Here Print or Type Name Here
Beatrice E. Pierce
STATE OF NEVADA) RECORDING REQUESTED BY AND MAIL TO
Name: Beatrice E. Pierce
COUNTY OF) Address 826 White Pine Way
City/State/Zip:Minden, NV 89423
On this 2nd day of January, 2002
personally appeared before me, a Notary Public IF APPLICABLE MAIL TAX STATEMENTS TO
Beatrice E. Pierce Name: Beatrice E. Pierce
Address: 1826 White Pine Way:
City/State/Zip: Minden, NV 89423
personally known to me to be the person(s) whose name(s) is SPACE BELOW FOR RECORDS USE ONLY
subscribed to the above instrument who acknowledged that
She executed this instrument. Witness my hand and official seal
Debra S Work DEBRAS. YORK
Notary Public - State of Nevada Appointment Recorded in County of Douglas
94-0402-5 My Appointment Expires Aug. 21, 2002
AFF111 Nevada Legal Forms and Books, Inc. (702) 870-8977 3901 West Chadeston Revisered 0 5 3 1 4 3 6
3901 West Charleston Boulevard Las Vegas, NV 89102
www.legalformerus.com o 2000 Consult an attorney if you doubt this forms fitness for your purpose. BKO 1 0 2 PG 0 2 3 9

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

CERTIFICATE OF DEATH STATE FILE NUMBER LOCAL FILE NUMBER DECEASED-NAME DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH TYPE OR PRINT Middle Last First 2 December 26, 2001 Donald Alton PIERCE 3a Carson City PERMANENT BLACK INK If Hosp, or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) CITY, TOWN OR LOCATION OF DEATH SEX Carson City Carson Tahoe Hospital 3e. Inpatient 4 Male DECEDENT UNDER 1 YEAR UNDER 1 DAY -(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify ☐ yes 🌠 no If yes, specify Mexican, Cuban, Puerto Rican, etc. AGE-Last Birthday (Years) DATE OF BIRTH (Mo., Day, Yr.) RACE S DAYS 8.October 9, 1920 White 81 7a. 7b. 7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED STATE OF BIRTH CITIZEN OF WHAT COUN-Decedent's Education. Specify highest SURVIVING SPOUSE (If wife, give maiden name IE DEATH TRY (If not U.S.A., name country) grade completed. OCCURRED IN (Specify) 9b. U.S.A. 10. 12

USUAL OCCUPATION (Give Kind of Work Done During Most of 12 Beatrice Rigsby Married Oregon SEE HANDBOOK KIND OF BUSINESS OR INDUSTR SOCIAL SECURITY NUMBER REGARDING COMPLETION OF RESIDENCE ITEMS Working Life, Even if Retired) 6212 Manager Micro Film CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS BESIDENCE-STATE COUNT (Specify Yes or No)
15e. Yes Way Nevada 15b. Douglas Minden 15d 1826 White Pine MOTHER-MAIDEN NAME FATHER-NAME Last PARENTS. Helen Larwood Alton Pierce (Street or R.F.D. No., City or Town, State, Zip) INFORMANT—NAME (Type or Print) MAILING ADDRESS Beatrice Pierce - Wife 18b 1826 White Pine Way, Minden, NV 89423 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME LOCATION Cremation FitzHenry's Crematory Carson City, Nevada 19h NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home DISPOSITION FUNERAL DIBECTOR—SIGNATURE (Or Person Acting as Such) FUNERAL DIRECTOR LICENSE NUMBER 217 833 N. Edmonds Drive, Carson City, NV 89701 20b 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. date and pla (Signature and Title) (Signature and Title) HOUR OF DEATH DATE SIGNED (Mo., Dav. Yr.) DATE SIGNED (Mo., Day comple oner's C 0810 12-27-0 21c. Certifier 200 PRONOUNCED DEAD (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Hour) 22d. ON NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 23a Merritt Dunlap, M.D., 1200 Mountain St., Carson City, NV 89703 23b. 8077 CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE REGISTRAR 24a. (Signature) 24b NO 🔀 (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) interval between onset and death 25. IMMEDIATE CAUSE Civellar DUE TO, OR AS A CONSEQUE Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death CAUSEOF WAS CASE REFERRED TO CORONER (Specify Yes or No) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 AUTOPSY PART DEATH-26. NO Yes DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. 28b 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 28g

STATE REGISTRAR

No. 216070

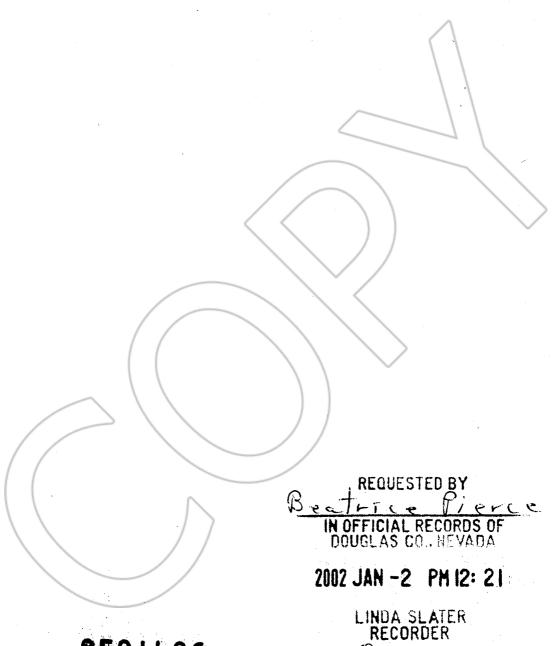
HE E BLA LOF BLE:
SUPARE
SUPARE
SUPARE
PORT SUPARE
PORT SUPARE
PORT SUPARE

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

Date Issued:

<u>0531436</u>

State Registrar



9531436 BK0102PG0241