

ASSESSORS PARCEL NUMBER (APN): 1022-16-001-050

# AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, Jola T. Jones, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Frances Thornton Gorsuch, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), Frances S. Gorsuch, named as one of the parties in that certain (type of document) Grant Deed, dated on the 13<sup>th</sup> day of February, ~~the 13<sup>th</sup>~~ 2002, and executed by Frances S. Gorsuch, Jola T. Jones, and Rodney V. Jones, known as Grantor(s), to Jola T. Jones, Frances S. Gorsuch & Lee J. Gorsuch, known as Grantees, as joint tenants, and recorded as instrument number 0534643, on the 13<sup>th</sup> day of February, 2002, in Book 0202, pg 4329 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Wellington, County of Douglas, State of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 13 of Block L, as shown on the map of Topog Ranch Estates, Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada, on Nov. 16, 1970

In Witness Whereof, I/We have hereunto set my/our hand(s) this 14<sup>th</sup> day of February, 2002

Signature

Signature

Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA )

COUNTY OF DOUGLAS )

On this 14 day of February, 2002

personally appeared before me, a Notary Public

JOLA T. JONES

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

Debra S York

Notary Public

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

Name: Lee Gorsuch  
Address: P.O. Box 232  
City/State/Zip: Wellington NV 89444

IF APPLICABLE MAIL TAX STATEMENTS TO

Name:  
Address:  
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY



0534740

BK0202PG4861

AFF111

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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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>Frances Thornton GORSUCH</b>		2. <b>January 31, 2002</b>	3a. <b>Douglas</b>
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. <b>Wellington</b>		3c. <b>1480 Topaz Ranch Rd.</b>	3e. <b>Female</b>
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)
5. <b>White</b>		6.	7a. <b>94</b>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. <b>California</b>		9b. <b>U.S.A.</b>	10. <b>18 Years</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. <b>5369</b>		14a. <b>Teacher</b>	14b. <b>Education</b>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Wellington</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER
16. <b>Joseph N. Thornton</b>		17. <b>Lola Woodbury</b>	15d. <b>1480 Topaz Ranch Rd.</b>
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Lee T. Gorsuch - Son</b>		18b. <b>10629 Jim Brady Rd. Jamestown, Ca 95327</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Burial</b>		19b. <b>Hillcrest Cemetery</b>	19c. <b>Wellington, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. <b>2b7</b>	20c. <b>Home, 1380 Hwy 395 Gardnerville, NV 89410</b>
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) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>2/11/02</b>		22b. <b>2/11/02</b>	
HOUR OF DEATH		HOUR OF DEATH	
21c. <b>1825</b>		22c. <b>1825</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. <b>ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. <b>Evan W. Easley M.D., 1107 Hwy 395 Gardnerville, NV 89410</b>		23b. <b>7446</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <i>[Signature]</i>		24b. <b>Feb 8, 2002</b>	24c. 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) <b>Respiratory Failure</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Coronary Artery Disease</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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. <b>No</b>		27. <b>Yes</b>	
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.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

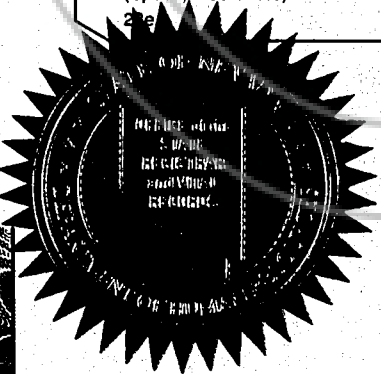
PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH



STATE REGISTRAR

No. 216097

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

*[Signature]*

Date Issued: FEB 08 2002 0534740

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Jola T Jones  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB 14 AM 11:33

LINDA SLATER  
RECORDER

<sup>00</sup>  
\$16 PAID K2 DEPUTY

0534740

BK0202PG4863