1022

APN: _10-22-09-002-022

gr.

RECORDING REQUESTED BY:

Joan Roripaugh

WHEN RECORDED MAIL TO:

1400 Topaz Ranch Drive, Wellington, NV 89444

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)

SS.

COUNTY OF DOUGLAS)

Walter S. Cooper, being first duly sworn and of legal age, deposes and says:

1. The Affiant is one of the grantees named in the Joint Tenancy Deed, dated April 9, 1986, recorded as Instrument No. 133629, in Book 486, Page 1686, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 1400 Topaz Ranch Drive, City of Wellington, County of Douglas, State of Nevada, and more particularly described as:

Being all of Lot 14, in Block M, as shown on the map entitled Topaz Ranch Estates, Unit No. 4, filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

- 2. Leona M. Cooper, 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 4th day of August, 2000, in the City of Yerington, County of Lyon, State of Nevada.
- 3. Leona M. Cooper and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this ___ day of April, 2002.

Walter S. Cooper
Walter S. Cooper

Subscribed and Sworn to before me this __(_ day of April, 2002, by Walter S. Cooper.

JUDITH A. JACOBSEN

Notary Public - State of Nevada

Appointment Recorded in Lyon County

No: 93-3471-12 - Expires February 19, 2005

0541372

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 | | | | |
|--|--|--|--|--|
| ACCEACED NAME Sign | Middle | Last . | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER |
| DECEASED <i>—NAME</i> First Leona | Middle | COOPER | 2 August 4, 2000 | 3a. Lyon |
| CITY, TOWN OR LOCATION OF DEATH | HOSPITAL OR OTHER IN | STITUTION—Name (If not either, give str | Rm. Inpatient (Specify) | |
| Back American RACE—(e.g., White, Black, American | | n Medical Center Specify (1) yes 10 no If yes, AGE—Las | 3e. Inpatien | ************************************ |
| 보는 사람들이 사고 🕳 🕳 하다고 된 것은 사람들이 있는 것이다. 그리고 있다. 📑 | Was Decedent of Hispanic Origin? specify Mexican, Cuban, Puerto Ri 6. | san, etc. Birthday (\ 7a. 92 | ears) MOS DAYS HOURS MINS | s Feb. 7, |
| STATE OF BIRTH If not U.S.A., name country) Da. Iowa | CITIZEN OF WHAT COUNTRY 9b. U.S.A. | Decedent's Education. Specify highest grade completed. 10. 12 | WIDOWED, DIVORCED | RVIVING SPOUSE (II wile, give Walter Coope |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give K Working Life, Even if Retired) 14a. Homemaker | ind of Work Done During Most of | KIND OF BUSINESS OR INDUSTRY 14b. Own Home | |
| RESIDENCE— <i>STATE</i> COUN 15a. Nevada 15b. | | city, town, or location 15c. Wellington | STREET AND NUMBER 1400 Topaz Rand 15d Rd. | 15e. Yes |
| FATHER—NAME First | Middle | Last MOTHER—MAID | | |
| 16. Car1 INFORMANT—NAME (Type or Print) | | Ewing 17 | Florence (Street or R.F.D. No., City or Town, State | Gallup e, Zip) |
| 18a. Joan Roripaugh | - Daughter | 18b 1430 Agate R | d., Wellington, Neva | da 89444 |
| BURIAL, CREMATION, REMOVAL, OTHE | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OR CREMATORY—NAME | | y or Town State |
| 19a Cremation | 19b Fi | tzHenry's Cremato | ry 190 Carson | n City, Neva |
| FUNERAL DIBECTOR—SIGNATURE # 1 | FUNERAL DIF | RECTOR NAME AND ADDRESS OF F | | |
| (Or Persent Acting as Such) 20a. | LICENSE NUM 20b. 217 | | onds Dr., Carson City | |
| To the heet of my knowledge | death occurred at the time, date an | | 22a. On the basis of examination and/or investig at the time, date and place and due to the | ation, in my opinion death oc |
| due to the cause(s) stated. (Signature and Title) | ((L L -))A | | (Signature and Title) | |
| DATE SIGNED (Mo., Day, Yr, | HOUR OF DEATH | completed b | The state of the s | JR OF DEATH |
| 21b. 8/8/00 |) 21c. 0015 | | 22b | |
| | SICIAN IF OTHER THAN CERTIFIE | the second of the first that the second seco | PRONOUNCED DEAD (Mo. Day, Yr.) PRO | NOUNCED DEAD (Hour) |
| 연 Ö 21d. | | | 22d. ON 22e. | AT |
| | ERTIFIER (PHYSICIAN, ATTENDIN | G PHYSICIAN, MEDICAL EXAMINER, O | | LICENSE NUMBER |
| 23a Robin Tit | us, M.D., P. O. | Box 377, Welling | ton, Nevada 89444 | 23b. 76/ |
| A STATE OF THE STA | | | GISTRAR (Mo., Day, Yr.) DEATH DUE TO COMP | MINICARI E DISEASE |
| REGISTRAR | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | STANDARD CONTROL CONTRACTOR CONTR | 3.7.1.30° | WUNICABLE DISEASE |
| | 12 7 11000 | 240. | S. J. | ON |
| 24a. (Signature) 🕨 📜 32.17 | DE X. CLQE'N DNLY ONE CAUSE PER LINE FOR | | S. J. | ○ |
| 24a. (Signature) (32.32) 25. IMMEDIATE CAUSE (ENTER O | | (a), (b), AND (c).) | S. J. | 병명 전 중인회에는 이렇다 |
| 24a. (Signature) | | | S. J. | O 📆 |
| 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR AS A CONS | pulmoney of | (a), (b), AND (c).) | S. J. | Interval between onset a |
| 24a. (Signature) | sequence of: | (a), (b), AND (c).) | S. J. | Interval between onset are |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER O DUE TO, OR AS A CONS Lib) DUE TO, OR AS A CONS Lib) DUE TO, OR AS A CONS Lib) | sequence of: | (a), (b), AND (c).) | S. J. | Interval between onset and interval between onse |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER OF DUE TO, OR AS A CONSTITUTE OF DUE TO, OR AS A CO | sequence of: Deservat | (a), (b), AND (c).) | ause given in Part 1. AUTOPSY (Specific | Interval between onset and interval between onse |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER O DUE TO, OR AS A CONS (b) Multiple DUE TO, OR AS A CONS (c) Sevene | sequence of: Deservat | (a). (b): AND. (c).) (ive juint Do | 774,203124c. YES□ N | Interval between onset and interval between onse |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER OF DUE TO, OR AS A CONS (b) Multiple DUE TO, OR AS A CONS (c) Sevene PART OTHER SIGNIFICANT COND ACC., SUICIDE, HOM., UNDET., DATE | SEQUENCE OF: Des energy STIONS—Sonditions contributing to | (a). (b): AND. (c).) (b): AND. (c).) (c): AND. (c).) (d): AND. (c).) (d): AND. (c).) (d): AND. (c).) (d): AND. (c).) | Cause given in Part 1. AUTOPSY (Specify Yes or No.) | Interval between onset and interval between onse |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER OF DUE TO, OR AS A CONSTITUTE OF DUE TO, OR PENDING INVEST. ACC. SUICIDE, HOM., UNDET., DATE OF DUE TO, OR PENDING INVEST. | SEQUENCE OF: Des energy ITIONS—Conditions contributing to | death but not resulting in the underlying of the DESCRIBE HOW if | Cause given in Part 1. AUTOPSY (Specify Yes or No. 26. NO. | Interval between onset and interval between onse |
| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER OF DUE TO, OR AS A CONSTITUTE OF DUE TO, OR AS A CONSTITUTE OF PART OTHER SIGNIFICANT CONDITUTE OF PENDING INVEST. (Specify) 28a. NJURY AT WORK PLACE | SEQUENCE OF: Des energy SEQUENCE OF: Jes energy HOUR 280. | death but not resulting in the underlying of the lactory, office. LOCATION. | Cause given in Part 1. AUTOPSY (Specify Yes or No. 26. NO. NJURY OCCURRED. | Interval between onset and interval between onse |
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| 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER OF DUE TO, OR AS A CONSTITUTE OF DUE TO, OR PENDING INVEST. (Specify) 28a. NJURY AT WORK PLACE | SEQUENCE OF: Des energy SEQUENCE OF: Jes energy HOUR 280. | death but not resulting in the underlying of the lactory, office. LOCATION. | Cause given in Part 1. AUTOPSY (Specify Yes or No.) 26. NO STREET OR R.F.D. No. CITY | Interval between onset and interval between onse |



STATE REGISTRAR

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

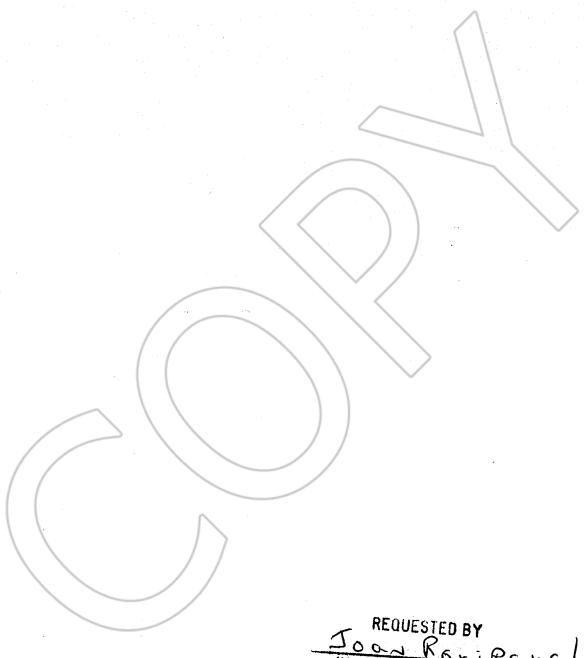
Date Issued:

AUG 1 4 2000

0541372

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2002 MAY -3 AM 11: 53

LINDA SLATER
RECORDER

S /6 PAID K DEPUTY

0541372 BK 0 5 0 2 PG 0 1 0 5 2