APN: 1320-32-811-016 .

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Barbara K. Hansen

1173 Meadow Court, Gardnerville, NV 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA) SS. COUNTY OF DOUGLAS)

Barbara K. Hansen, being first duly sworn and of legal age, deposes and says:

1. The Affiant is one of the grantees named in the Grant, Sale and Bargain Deed, dated June 25, 1984, recorded as Instrument No. 103551 in Book 784, Page 1210, of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 1173 Meadow Court, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 13, as shown on the map of Sierra Meadows Subdivision Phase I, filed in the office of the County Recorder of Douglas County, Nevada, on May 18, 1977, as Document No. 09292.

- 2. Carl L. Hansen, 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 March, 2002, in Carson City, State of Nevada.
- 3. Carl L. Hansen and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 29 day of May, 2002.

Subscribed and Sworn to before me this 39 day of May, 2002, by Barbara K. Hansen.

Jam. I

LORA E. MYLES

Notary Public - State of Nevada

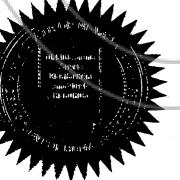
Appointment Recorded in Washoe County

No: 94-5469-2 - Expires November 1, 2002

Barbara K. 7dansen
Barbara K. Hansen

DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH** STATE OF NEVALUEPARTMEROSOF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

E INT	DECEASED-NAME	First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
NENT	1.	Carl		HANSEN	² March 25, 2002	3a Carson Cit
INK	CITY, TOWN OR LO			HER INSTITUTION—Name (If not either, give		licate DOA, OP/Emer. SEX
	3b. Carson	City	3c. Carso	n Tahoe Hospital	₃ Inpati	
ENT	RACE—(e.g., White, Indian, etc.)	Black, American		Origin? Specify T ves 17 no If ves. AGE-		DAY DATE OF BIRTH (Mo., Day, Yr.)
	5. White	(ороолу)	6.	7a.		8 March 17, 191
TH	STATE OF BIRTH (If not U.S.A., name of	Country)	CITIZEN OF WHAT CO	UN- Decedent's Education. Specify high grade completed.	est MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden na
D IN ION	9a. Califo		9b. U.S.A.	10. 12 Years	(Specify) Married	12. Barbara Haas
BOOK I	SOCIAL SECURITY I	NUMBER	USUAL OCCUPATION Working Life, Even if Re	(Give Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTR	
ON OF ITEMS	13.	4603	14a.	Supervisor	14b. Gas Company	
	RESIDENCE—STATE	E CO	UNTÝ	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
-> (_	15a. Nevada	155	Douglas	150 Gardnerville	:sa 1173 Mead	
ITS	FATHER-NAME	First	Middle	Last MOTHER—M	AIDEN NAME First	Middle Last
	16. <u>S</u>	Samue1		Hansen 17.	Mabel	Peterson
	INFORMANT—NAME	(Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or To	wn, State, Zip)
			n - Wife	18b. 1173 Mead	ow Ct. Gardnervill	Le, NV 89410
	BURIAL, CREMATION	N, REMOVAL, OT	HER (Specify) CEME	TERY OR CREMATORY—NAME	LOCATION	City or Town State
TION	19a. Cren	nation	196.	FitzHenry's Crema		son City, Nevada
ION	FUNERAL DIRECTOR		FUNER LICENS	RAL DIRECTOR NAME AND ADDRESS O	FFACILITY FitzHenry's Ca	rson Valley Funeral
l				317 3 3 3 3 4 C 3 3 1	380 Hwy 395 Gardne	
	20a.	ve Ist	20b.	217 20c. Home 1	DOU NWY JJJ GAIGH	STATTE NA ODATO
>		st of my knowledg	e, death occurred at the time,		22a. On the basis of examination and/or	investigation, in my opinion death occurred
>	Z 23a To the bedue to the	st of my knowledge cause(s) stated.	e, death occurred at the time,	date and place and	22a. On the basis of examination and/or at the time, date and place and due	***
	Z 23a To the bedue to the	cause(s) stated.	e, death occurred at the time,	date and place and	22a. On the basis of examination and/or at the time, date and place and due (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	investigation, in my opinion death occurred
	Z 23a To the bedue to the	e cause(s) stated.	e, death occurred at the time,	date and place and	22a. On the basis of examination and/or at the time, date and place and due	investigation, in my opinion death occurred to the cause(s) and manner stated.
IER	Z 23a To the bedue to the	e cause(s) stated. e and Title) SNED (Mo., Day, 1	e, death occurred at the time, W.(r.) HOUR OF	DEATH /	22a. On the basis of examination and/or at the time, date and place and due (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	investigation, in my opinion death occurred to the cause(s) and manner stated. HOUR OF DEATH
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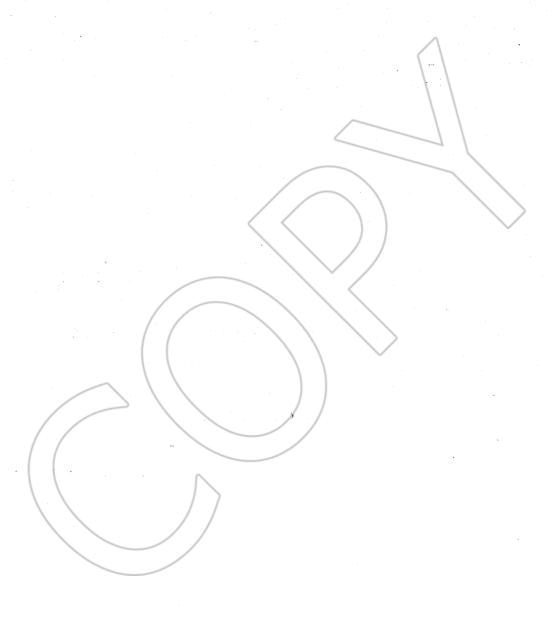
This is to certify that the above is a true and correct copy of the certificate on file in this office.

MAR 2 0 2002

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY

Barbara Heases

IN OFFICIAL RECORDS OF

DOUGLAS CO. MEVADA

2002 MAY 29 PM 12: 07

LINDA SLATER
RECORDER

SPAIDK DEPUTY

0543279

BK 0 5 0 2 PG 0 8 9 2 2