

17-

✓ Florence JUDD  
926 Centerville LN  
GARDNERVILLE NV 89410

When recorded, mail to:  
George M. Keele, Esq.  
1692 County Road, #A  
Minden, NV 89423

APN 1220-07-002-005

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF DOUGLAS    )

I, FLORENCE E. JUDD, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am FLORENCE E. JUDD, one of the grantees named in that certain Grant Deed recorded as Document No. 256431 in Book 791, page 5008, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 926 Centerville Lane, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Beginning at the Southeast corner of the Land owned by Julian Larrouy on the North line of State Highway, Rt 56, also called Brockliss Road; thence North 8° 33' 15" West, 80.00 feet more or less, along the Easterly line of said Larrouy property; thence North 55° 37' 30" East 133.77 feet, along the Chris Cordes property; thence South 7° 54' 50" West, 150.00 feet more or less along the said westerly line of the Lundergreen property to the Northerly line of State Highway Rout 56, also called Brockliss Road; thence South 89° 36' 30" West

0543516

BK0502PG10162

116.00 feet, along the Northerly line of State Highway, Route 56, to the point of beginning; said premises being situate in the SW 1/2 of the SE 1/4 of Section 7, Township 12 North, Range 20 East, M.D.B. and M., County of Douglas, State of Nevada.

Assessor's Parcel No. 1220-07-002-05

**THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT  
Document No. 256431, Book 791 Page 5008 on 7-30-91**

3. DONALD H. JUDD, also one of the grantees named in said deed, is the identical DONALD H. JUDD named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on the 28th day of January, 2000, in Douglas County, Nevada.

*Florence E. Judd*  
\_\_\_\_\_  
FLORENCE E. JUDD

SIGNED AND SWORN (or affirmed)  
before me on May 24, 2002,  
by FLORENCE E. JUDD.

*Mary E. Baldecchi*  
\_\_\_\_\_  
Notary Public



**MARY E. BALDECCHI**  
Notary Public - Nevada  
Washoe County  
**93-0282-2**  
My Appointment Expires January 10, 2005

# 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

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

LOCAL FILE NUMBER			STATE FILE NUMBER			
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Donald Howard JUDD			2. January 28, 2000		3a. Douglas	
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)	SEX	
3b. Gardnerville		3c. 926 Centerville Lane		3e.	4. Male	
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)	DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 71	8. November 12, 1928	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Montana		9b. U.S.A.	10. 10	11. Married	12. Florence Rokowski	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. ████████-9435		14a. Maintenance		14b. Douglas County Government		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 926 Centerville	15e. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
16. Frank Judd			17. Olga May			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Florence Judd			18b. 926 Centerville Lane, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Burial		19b. Garden Cemetery		19c. Gardnerville, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 9	20c. 1281 North Roop St., Carson City, Nevada 89706			
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>			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>			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21b. 1/31/00		21c. 2315		22b.		22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.			22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
23a. Dr. J. Kelly, 550 W. Washington St., Carson City, Nevada 89703					23b. 6376	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. (Signature) <i>[Signature]</i>		24b. Feb. 1, 2000		24c. 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) <i>Atherosclerosis of the Small Bowel</i>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				9 months		
(b)				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. No				26. No		27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.		28b.	28c. M	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.		

No.163202

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:

FEB 01 2000

0543516

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0502 PG 10164

COPY

REQUESTED BY  
Floresce Judd  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2002 MAY 31 AM 11:37

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID ka DEPUTY

0543516

BK0502PG10165