

APN: 21-110-66 NEW 1420-33-611-003

When recorded return to:
Custom Recording Solutions
2550 North Red Hill Ave.
Santa Ana, Ca. 92705
(800) 756-3524 x5011

352127

Send Subsequent Tax Bills To:
Russell J. Nafus
1387 Sanden Lane
Minden, NV 89423

Recording Requested By:
Jon R. Turner & Associates, LLC
2700 E. Sunset Road, Suite #8
Las Vegas, NV 89120
Phone: 702-938-8900

AFFIDAVIT TERMINATING JOINT TENANCY

TITLE OF DOCUMENT

The undersigned, Russell J. Nafus of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Cheryl Linda Nafus having become deceased on ^{APRIL} ~~May~~ 8, 2000 pursuant to the attached certified copy Certificate of Death, is the same person as Cheryl L. Nafus named as one of the parties in that certain _____ dated and executed SEPT. 22, 1998 by CHERYL & RUSSELL NAFUS to COUNTRYWIDE HOME LENDING, recorded on MAY 26, 1999, in Book 599, at Page 5289, as Recorded Document No. _____ of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is located at 1387 Sanden Lane, Minden, Nevada 89423 and is legally described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.
3. That the undersigned affiant, Russell J. Nafus is the surviving spouse of the named decedent.

DATED this 10 day of April, 2002.

Russell J. Nafus
Russell J. Nafus

STATE OF NEVADA)
COUNTY OF DOUGLAS) ss

SUBSCRIBED AND SWORN before me this
10th day of APRIL 2002.

WITNESS my hand and official seal

Jacqueline Lee Jordan
NOTARY PUBLIC
My Commission Expires: 7-9-2005
Jacqueline Lee Jordan



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EXHIBIT "A"
LEGAL DESCRIPTION

LOT 3, BLOCK 7, AS SHOWN ON THE MAP OF MOUNTAIN VIEW ESTATES UNIT NO. 3, RECORDED MAY 21, 1985, IN BOOK 585, PAGE 1696, DOCUMENT NO. 117600, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Per NRS 111.312 - The Legal Description appeared previously in _____, recorded on _____, as Document No. _____ in Douglas County Records, Douglas County, Nevada.

COPY

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

o/karim
x 6634

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. Cheryl Linda NAFUS		2. April 8, 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)
3b. Minden		3c. 1387 Sanden Lane	3e. Female
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. White		6. X	7a. 52
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Indiana		9b. U.S.A.	10. 12 years
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 4361		14a. Stage Technician	14b. Television Industry
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Minden
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John C. Wade		17. Dorothy Curth	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Russell Nafus		18b. 1387 Sanden Lane, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Removal/Burial		19b. Glenhaven Memorial Park	19c. Sylmar, California
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. 9	20c. Walton's Chapel of the Valley 1281 N. 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	
21b. _____		21c. 5	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE SIGNED (Mo., Day, Yr.)	
21d. _____		22b. 5-3-2000	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Joseph Sanford, Deputy Coroner, P.O. Box 218, Minden, Nevada 89423		22c. 1525	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i>		24b. May 8, 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).)		Interval between onset and death	
PART I (a) Overdose of Morphine		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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. Yes		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. Accident	28b. 4-8-2000	28c. 1515	28d. Injected illicit drug
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
	28f. At home	28g. 1387 Sanden Lane	Minden, Nevada



STATE REGISTRAR

[Signature]

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

Date Issued: **MAY 08 2000** **0543644** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No. 163828

COPY

REQUESTED BY
Custom Recording
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 JUN -3 AM 10: 23

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID K2 DEPUTY

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