

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

Mail tax statements to:
Lois E. Covault
P. O. Box 1446
Minden, NV 89423

APN: 1320-31-512-003

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS.
COUNTY OF DOUGLAS)

I, LOIS E. COVAULT, 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 LOIS E. COVAULT, the same person named as LOIS E. COVAULT, one of the grantees named in that certain Individual Grant Deed recorded as Document No. 251691 in Book 591, Page 4317, 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 1644 Belarra, Minden, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 5, in Block B, as shown on the Official Map of BELARRA SUBDIVISION UNIT NO. 2-B, filed for record in the Office of the County Recorder of Douglas County, Nevada, on January 11, 1978, in Book 178, Page 585, as Document No. 16600.

3. THOMAS J. COVAULT, also one of the grantees named in said deed, is the identical THOMAS JOSEPH COVAULT named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof, who died on the 26th day of September, 2001, in Washoe County, Nevada.

Lois E Covault
LOIS E. COVAULT

SIGNED AND SWORN TO (or affirmed)
before me on July 31, 2002,
by LOIS E. COVAULT.

Mary E. Baldecchi
Notary Public



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

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 104 IMAGE 859

2373

STATE FILE NUMBER

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		2373		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Thomas Joseph COVAULT			DATE OF DEATH (Month, Day, Year) 2. September 26, 2001		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 59	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Ohio		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 22	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. ██████████ 6554		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Principal		KIND OF BUSINESS OR INDUSTRY 14b. Secondary Education	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 1644 Belarra Drive
FATHER—NAME First Middle Last 16. George Covault		MOTHER—MAIDEN NAME First Middle Last 17. Loretta Rhodes		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
INFORMANT—NAME (Type or Print) 18a. Lois Covault		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 1446 Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Benson</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431	
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>Colin M. Fuller</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>Colin M. Fuller</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 10/26/01	
HOUR OF DEATH 21c. 1936		PRONOUNCED DEAD (Mo., Day, Yr.) 22b. ON		HOUR OF DEATH 22c. AT	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Colin M. Fuller 75 Pringle Way Reno, Nevada 89502		LICENSE NUMBER 23b. 3987		REGISTRAR 24a. (Signature) <i>Dandi Bridges</i> Dep.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 5, 2001		DEATH DUE TO COMMUNICABLE DISEASE 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) cardiac arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 20'	
(b) myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 3 days	
(c) coronary artery disease		DUE TO, OR AS A CONSEQUENCE OF:		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) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

No. 183569

This is to certify that the **STATE REGISTRAR** legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt* **0548524** **OCT 15 2001**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0802PG00182

COPY

REQUESTED BY
George M Keefe
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG -1 PM 12: 21

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KJ DEPUTY

0548524

BK 0802PG00183