

APN 1220-21-710-175

RETURN TO:

MAIL TAX STATEMENTS TO:

✓ LORRAINE STEVENS
1324 PATRICIA DR.
GARDNERVILLE, NV 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, LORRAINE STEVENS, BEING FIRST DULY SWORN, AND SAYS THAT AFFIANT IS OVER THE AGE OF TWENTY-ONE YEARS AND COMPETENT TO BE A WITNESS AS TO THE MATTERS HEREINAFTER STATED.

I AM THE WIDOW AND SURVIVING JOINT TENANT OF DECEDENT, WALTER B. STEVENS, WHO DIED ON JULY 26, 2002, IN COUNTY OF CARSON CITY, STATE OF NEVADA AND I HAVE PERSONAL KNOWLEDGE OF ALL FACTS ASSERTED IN THIS AFFIDAVIT. THAT WALTER B. STEVENS, DECEDENT, MENTIONED IN THE ATTACHED CERTIFIED COPY OF THE CERTIFICATE OF DEATH, IS THE SAME PERSON AS WALTER B. STEVENS, NAMED AS ONE OF THE PARTIES IN THAT CERTAIN DEED BY AND BETWEEN LORRAINE STEVENS, WIFE, AND WALTER B. STEVENS, HUSBAND, AS JOINT TENANTS OF OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, CONCERNING THE REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LEGAL DESCRIPTION

LOT 437, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 767, AS FILE NO. 72456 COMMONLY KNOWN AS: 1324 PATRICIA DR. GARDNERVILLE, NV 89410

THAT THIS AFFIDAVIT IS EXECUTED AND RECORDED FOR THE PURPOSES OF

0548694

BK0802PG00952

TERMINATING THE INTEREST OF SAID JOINT TENANT, WALTER B. STEVENS, IN AND TO THE HEREBOVE DESCRIBED REAL PROPERTY.

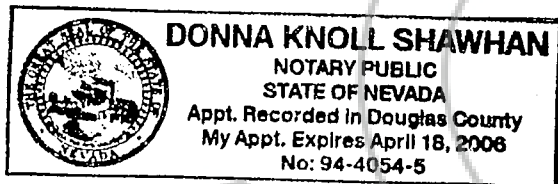
WITNESS MY HAND THIS 5 DAY OF August, 2002.

Lorraine V. Stevens
LORRAINE STEVENS

ON THIS 5 DAY OF August, 2002, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED LORRAINE STEVENS KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SHE EXECUTED THE SAME.

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Donna Knoll Shawhan
NOTARY PUBLIC



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	LOCAL FILE NUMBER			STATE FILE NUMBER																				
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH																	
DECEDENT	1. Walter Burl STEVENS			2. July 26, 2002			3a. Carson City																	
	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														
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City			3c. Mt. View Care Center			3e. Inpatient			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.)														
PARENTS	5. White			6. 65			7a. 65			7b. :			7c. :			8. December 1, 1936								
	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)											
DISPOSITION	9a. California			9b. U.S.A.			10. 12			11. Married			12. Lorraine Van Horn											
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY			13. 9582			14a. Food Dehydrator			14b. Food Processing Industry								
CERTIFIER	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)											
	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 1324 Patricia Dr.			15e. Yes											
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			16. Walter Stevens			17. Byrlene Moore														
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			18a. Lorraine Stevens			18b. 1324 Patricia Dr. Gardnerville, NV. 89410														
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State			19a. Cremation			19b. Walton's Sierra Crematory			19c. Carson City, Nevada								
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY			20a. [Signature]			20b. 9			20c. 1281 No. Roop St. Carson City, NV. 89706								
CAUSE OF DEATH	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)			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)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			21b. 7/26/02			21c. 0109			22b. [Signature]			22c. [Signature]		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)			21d. [Signature]			22d. ON			22e. AT								
CAUSE OF DEATH	23a. David Hoskins M.D. 1664 Hwy 395 N. Minden, NV. 89423			LICENSE NUMBER			23b. 4628			REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
	24a. [Signature]			24b. July 29, 2002			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) Fatal Cardiac Arrhythmia			Interval between onset and death								
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:			PART I (b) Hypertensive Heart Disease			Interval between onset and death			DUE TO, OR AS A CONSEQUENCE OF:			PART I (c) Insulin Dependent Diabetes Mellitus			Interval between onset and death								
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)			27. Yes			PART II Hyperlipidemia, CVA, Hemorrhagic Gastro			27. Yes								
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED			28a. [Signature]			28b. 28c. M 28d. [Signature]								
	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								
CAUSE OF DEATH	28e. [Signature]			28f. [Signature]			28g. [Signature]			28e. [Signature]			28f. [Signature]			28g. [Signature]								



STATE REGISTRAR

No. 219311

Sybil Sylvia
0548694

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

Date Issued: JUL 30 2002

BK 0802 PG 00954
State Registrar

COPY

REQUESTED BY
Lorraine Stevens
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG -5 AM 11:17

LINDA SLATER
RECORDER

\$17⁰⁰ PAID *AS* DEPUTY

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BK0802PG00955