

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Nona Johnson, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Roy Johnson, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), Roy Johnson, named as one of the parties in that certain (type of document) Grant-Bargain Sale Deed, dated on the 29 day of June 1989, 20/1989, and executed by Jesse L. Jones, known as Grantor(s), to Roy and Nona Johnson, known as Grantees, as joint tenants, and recorded as instrument number 205753, on the 29th day of June, 20/1989 in Book 689 Page 4453 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Hardnerville, County of Douglas Nevada, State of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 32 in Block B, as said lot and block are shown on the map of Hardnerville Ranches Unit no. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10 1967, in map Book 1 page 055, Filing no 35914.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 5 day of September, 2002

Nona L. Johnson
Signature

Signature

Print or Type Name Here

Print or Type Name Here

MONA L. JOHNSON

STATE OF NEVADA)

COUNTY OF Douglas)

On this 5th day of Sept, 2002

personally appeared before me, a Notary Public
Mona L. Johnson

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that she executed this instrument. Witness my hand and official seal

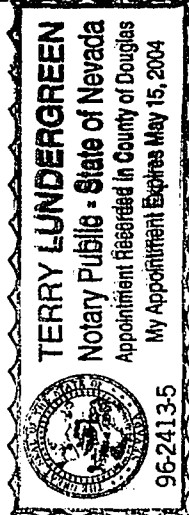
Terry Lundergreen
Notary Public

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO
Name: Mona L. Johnson
Address: 1412 Selkirk Ct.
City/State/Zip: Hardnerville Nevada 89460

IF APPLICABLE MAIL TAX STATEMENTS TO
Name:
Address:
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY



0551458

BK 0902 PG 01039

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. Roy JOHNSON			2. January 3, 2001			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					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Gardnerville			3c. 1412 Selkirk Circle			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.)					
PARENTS	5. White			6.			7a. 69			8. Jan. 26, 1931					
	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. 13			11. Married			12. Mona Vaillancourt		
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
CERTIFIER	13. 7467			14a. Transportation Supervisor			14b. Gaming								
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
CAUSE OF DEATH	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. Selkirk Circle			15e. Yes		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	16. Roy Elmer Johnson			17. Lola Evans											
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
CAUSE OF DEATH	18a. Mona L. Johnson - Wife			18b. 1412 Selkirk Circle, Gardnerville, NV 89410											
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
CAUSE OF DEATH	19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City, Nevada								
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY								
CAUSE OF DEATH	20a. [Signature]			20b. 217			20c. Home, 1380 Hwy 395, Gardnerville, NV 89410								
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. [Signature]			21c. [Signature]			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.			22b. 286		
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			22b. January 4, 2001			22c. Unknown					
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)								
CAUSE OF DEATH	21d.			22d. ON Jan. 3, 2001			22e. AT 1400								
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER											
CAUSE OF DEATH	23a. Phil Lesgeureux, Dep Coroner, P.O. Box 218, Minden, NV 89423			23b. 286											
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
CAUSE OF DEATH	24a. [Signature]			24b. Jan 5 2001			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
CAUSE OF DEATH	PART I (a) Gunshot Wound Through Head			DUE TO, OR AS A CONSEQUENCE OF:											
	(b)			DUE TO, OR AS A CONSEQUENCE OF:											
CAUSE OF DEATH	(c)			DUE TO, OR AS A CONSEQUENCE OF:											
	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)								
CAUSE OF DEATH	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					
CAUSE OF DEATH	28a. Suicide			28b. Jan 3, 2001			28c. unknown M			28d. Self inflicted gunshot wound to head					
	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. No			28f. At Home			28g. 1412 Selkirk Cr. Gardnerville, Nevada								

No.176619

STATE REGISTRAR

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

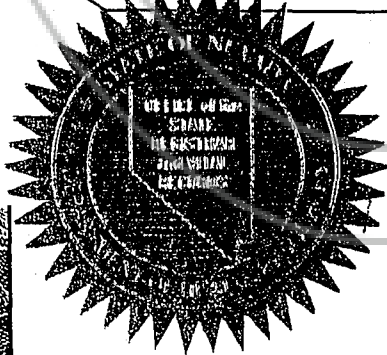
[Signature]

Date Issued: 0551458 JAN 05 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0902PG01040



COPY

REQUESTED BY
Mona L. Johnson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP -5 AM 10: 40

LINDA SLATER
RECORDER

\$ 16.00 PAID DL DEPUTY

0551458

BK0902PG01041