NEWARN 1220-17-310-010 APN-27-672-07

RETURN TO:
MAIL TAX STATEMENTS TO:
✓GERALDINE GARDNER
851 MARION WAY
GARDNERVILLE, NV 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)	
)	SS.
COUNTY OF DOUGLAS)	

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

LEGAL DESCRIPTION

SEE EXHIBIT 'A'
ATTACHED HERETO AND INCORPORATED
AS FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS COUNTY, NEVADA,

APN 27-672-07 NEW APN 1220 17 310

THAT THIS AFFIDAVIT IS EXECUTED AND RECORDED FOR THE PURPOSES OF

0552221 BK0902PG04733 TERMINATING THE INTEREST OF SAID JOINT TENANT, STEVEN RICHARD CABREBA, IN AND TO THE HEREABOVE DESCRIBED REAL PROPERTY.

WITNESS MY HAND THIS LOAY OF SIRT, 2002.

GERALDINE GARDNER

ON THIS ODAY OF SEPHENDE 2002, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED GERALDINE GARDNER 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

COUNTY OF DOUGLAS

SS.

NOTARY PUBLIC



DONNA KNOLL SHAWHAN NOTARY PUBLIC STATE OF NEVADA Appt. Recorded in Douglas County My Appt. Expires April 18, 2006 No: 94-4054-5



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

.	LOCAL FILE NUMBER			OLITH	ICATE OF DI			STATE FILE NUM	
TYPE OR PRINT	DECEASED—NAME First		Middle		Last	DATE OF DEATH (M	onth, Day, Year)	COUNTY OF	
IN PERMANENT	1. Steve		Richard		CABRERA	2 June 10,		3a.Doug	<u> </u>
BLACK INK	CITY, TOWN OR LOCATION OF D	EATH H	OSPITAL OR OTHER	INSTITUTION—N	ame (If not either, give s		Hosp. or Inst. indic Im. Inpatient (Speci	fy)	SEX
DECEDENT	3b. Jacks Valle	y 30	Open 1c	ot in Jac	ks Valley	L.	e.		Male
	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	. 1	dent of Hispanic Origi xican, Cuban, Puerto			(Years) MOS DAY		MINS	
	5. White STATE OF BIRTH	6.	Mexican N OF WHAT COUN-		7a. 42		7c.	8.Feb.2,	
IF DEATH OCCURRED IN	(If not U.S.A., name country)	TRY		grade complete	d.	- IMPONED DIVOR	CED		
INSTITUTION SEE HANDBOOK	9a. California SOCIAL SECURITY NUMBER		U.S.A.		yrs.	(Specify) 11. Marr	:1ed	12Geraldine	Gardner
REGARDING COMPLETION OF		Workin	g Life, Even if Retired	t) (t					
RESIDENCE ITEMS	13. ————————————————————————————————————	COUNTY	Attenda	ince Offi			1 Distri		EITY LIMITS
└ ▶[15a M1	15b. Do119	1	15c Candr	erville	15d Q 5	l Marior		Yes or No) 'es
	> 15a. Nevada FATHER—NAME First		Middle	Last	MOTHER—MAIL			Middle 156. 1	Last
PARENTS	16. Terry			Cabrera	9 7.	Fra	nces		Webb
	INFORMANT—NAME (Type or Prin	1)			ADDRESS		D. No., City or Town		
	18a. Geraldine Ca	hrera	세스 보통하	18b.	851 Marior	n Way. Gard	lnerville	, Nevada 89	410
ſ	BURIAL, CREMATION, REMOVAL,		CEMETER	Y OR CREMATORY			OCATION	City or Town	State
DICDOCITION	^{19a.} Cremation		^{19b.} Wa	lton's S	Sierra Crem		190. Carso	on City, Nev	ada
DISPOSITION	FUNERAL DIRECTOR—SIGNATUM (Or Rerson Acting as Such)	₹E	FUNERAL I LICENSE N	DIRECTOR NAM IUMBER	E AND ADDRESS OF F	FACILITY Walto	n's Doug	glas County	Mortuary
Ļ	20a. 🖊		20b. 9) 20c.	1478 Fourt			Nevada 8942	
[21a. To the best of my know due to the cause's) state	edge, death occu ed.	at the time, date	and place and		22a. On the basis of ex at the time, date a	amination and/or in	vestigation, in my opinion of the cause(s) and manner	eath occurred stated.
	21a. In the best of my know due to the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) DATE SIGNED (Mo., Date of the cause's) stat (Signature and Title) 21b. NAME OF ATTENDING		Lucus or as		ted b	(Signature and Title)	auli	en Idl	cec/06
	型正 DATE SIGNED (Mo., Da	ay, Yr.)	HOUR OF DEA	VIH.	completed to	DATE SIGNED (Mo., D	1 1	HOUR OF DEATH	•
CERTIFIER	Ö몰 21b. NAME OF ATTENDING	PHYSICIAN IE O	21c.	IED /Tupe or Print)		22b. 6-13-2 PRONOUNCED DEAD	7	22c. 1845 PRONOUNCED DEAD (H	()
	THE WANTE OF WALFING	TITISICIAICII O	MEN HAN CENTIL	ich (<i>Typo oi Filli</i> ly	ျင်		-2002	1075	our)
		OF CERTIFIER (F	PHYSICIAN, ATTEND	ING PHYSICIAN. N	MEDICAL EXAMINER. O	22d. ON UTIO		22e. AT 1845	BER
Į				and the state of the state of				9423 гзь. 066	J
CONDITIONS	REGISTRAR		//	D/	ATE RECEIVED BY REC	GISTRAR (Mo.: Dav. Yr.)	DEATH DUE TO	COMMUNICABLE DISEASE	E
IF ANY	24a. (Signature)	7541pp	1 am	P 24	b. Mer	14,2002	24c. YES	ио ГХ	
WHICH GAVE RISE TO IMMEDIATE CAUSE		TER ONLY ONE	CAUSE PER LINE FO	PR (a), (b), AND (c)) /			• Interval between o	onset and death
STATING THE UNDERLYING CAUSE LAST	PART (a) Gunshot	wound t	hrough he	ead				•	٠.
CAUSE LAST	DUE TO, OR AS A			53.5	/ /		·· · ·	• Interval between o	onset and death
	(b)	/			n grander i de			•	-
	DUE TO, OR AS A	CONSEQUENCE	OF:					• Interval between o	onset and death
CAUSE OF	(c)		7000						
DEATH	PART OTHER SIGNIFICANT O	CONDITIONS—Co	nditions contributing t	lo death but not res	ulting in the underlying o	cause given in Part 1. A	UTOPSY (S Yes o	pecify WAS CASE REFEI or No) CORONER (Specif	
					· · · · · · · · · · · · · · · · · · ·	. 20	^{6.} Yes	^{27.} Yes	
	OR PENDING INVEST	DATE OF INJURY		R OF INJURY		NJURY OCCURRED	1 1		
\		28b. 6-10-				ot wound to			
\	INJURY AT WORK (Specify Yes or No)		RY—At home, farm, s building, etc. (Spec	street, factory, office cify)		STREET OR R.F.C			ATE
1	28e. No	28f. Dirt	Lot		28g. Jacks	s Valley		linden, Neva	.ua
3			CTATE DE	ECICTO AD			1	No. 2193	16
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	BELLE DIAMS					-UN	onne	Sylva	
	Printing.					¥		-yua	negativa.
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This is to certify that the above is a true and correct copy of the certificate on file in this office.

BK 0902 PG 4735

Date Issued:

JUN 1 4 2002 055222 | State

State Registrar

LEGAL DESCRIPTION TO SUPPLEMENT A LOT LINE ADJUSTMENT MAP ADJUSTED PARCEL 3 APN 27-672-07 \220-\7-3\0-0\0

Being portions of Parcels two and three as shown on a Parcel Map recorded in Book 394, at page 545, Document No. 331435 of Official Records, in the office of the County Recorder of Douglas County, State of Nevada within the northwest quarter of the southwest quarter of Section 17, Township 12 North, Range 20 East of the Mount Diablo Base and Meridian in said County and State and more particularly described as follows:

Beginning at a found 5/8" rebar and cap marked "HIGG-N-SONS, PLS 6200" at a point on the easterly of Marion Way, 50 feet in width, being also the beginning of a curve concave westerly and southwesterly having a radius of 325.00 feet, and being the most southwesterly corner of said Parcel 3, a radial line to said point bears N 89° 40' 48" E;

Thence northerly and northwesterly along said easterly line of Marion Way and curve through a central angle of 32° 26' 10" a distance of 183.99 feet to a 5/8" rebar and cap marked "AL WALKER, PLS 8703", a radial line to said point bears N 57° 14' 38" E;

Thence N 24° 06' 25" E, 140.00 feet to a 5/8" rebar and cap marked "AL WALKER, PLS 8703":

Thence S 74° 34' 30" E, 330.25 feet to a 5/8" rebar and cap marked "AL WALKER, PLS 8703" being also a point on the easterly line of said Parcel 3:

Thence along said easterly line S 0° 10′ 32" E, 213.02 feet to a 1" iron pipe with an iron cap marked "RE 827, S/W 1/16 COR" being also the southeast corner of said Parcel 3;

Thence along the southerly line of said Parcel 3, S 89° 49' 53" W, 324.53 feet to the POINT OF BEGINNING.

Contains 2.06 Acres, more or less.

THIS LEGAL DESCRIPTION WAS PREVIOUSLY
RECORDED AT DOCH 415227 IN BK+697
PG#3327 ON JUNE 16,1997

IN OFFICIAL RECORDS OF DOUGLAS CO., HEYADA

REQUESTED BY

2002 SEP 16 PM 12: 58

LINDA SLATER

PAID Sh DEPUTY

0552221

BK0902PG04736