

16

ASSESSORS PARCEL NUMBER (APN): 1221-05-001-044

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, LEO G. REPPAS, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Dorothy REPPAS, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed),

DOROTHY REPPAS, named as one of the parties in that certain (type of document) DEED, dated on the 6 day of JULY 1989,

and executed by STEVEN R and Barbara E. Fisher, known as Grantor(s), to LEO G. REPPAS and Dorothy Reppas, known as Grantees, as joint tenants,

and recorded as instrument number 206496, on the 12 day of JULY 1989, Page 1054 in Book 789 of Official Records of DOUGLAS County, Nevada, covering the following

described property situated in the City of GARDNERVILLE, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 15 BLOCK B
AS TO THE MAP OF PINENUT HILLS RANCH UNIT
1 FILED IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS CNTY ON 12-06-1984 IN BOOK 1285
AT PAGE 738 AS DOC 110990.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 20th day of SEPTEMBER, 2002.

Leo G. Reppas
Signature

Signature

LEO G. REPPAS
Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA)
COUNTY OF Douglas)

RECORDING REQUESTED BY AND MAIL TO
Name: LEO G. REPPAS
Address: 1321 TAMZY CT
City/State/Zip: GARDNERVILLE NV 89410

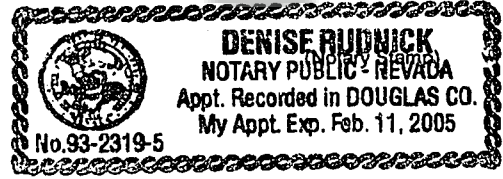
On this 20th day of Sept, 2002
personally appeared before me, a Notary Public
Leo G. Reppas

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

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

SPACE BELOW FOR RECORDS USE ONLY

Denise Rudnick
Notary Public



0552658
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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 72 IMAGE 56

2054

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

1. DECEASED—NAME First Middle Last Dorothy Emma REPPAS			2. DATE OF DEATH (Month, Day, Year) November 2, 1990		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm: Inpatient (Specify) Inpatient		4. SEX Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 63	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.) August 15, 1927		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed HS
11. SOCIAL SECURITY NUMBER 6957		13a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Leo Reppas
13b. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. FATHER—NAME First Middle Last Rube George O Harris		17. MOTHER—MAIDEN NAME First Middle Last Ina Williams		18a. INFORMANT—NAME (Type or Print) Leo Reppas		
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1496 Gardnerville, Nevada 89410			19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY—NAME East Side Memorial Park
19c. LOCATION City or Town State Minden, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 2059		20c. NAME AND ADDRESS OF FACILITY O'Brien-Rogers & Crosby 600 West Second St. Reno, Nevada 89503
21a. To be completed by CERTIFYING PHYSICIAN 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. To be completed by Coroner's Office 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>			21b. DATE SIGNED (Mo., Day, Yr.) 11-5-90
21c. HOUR OF DEATH 1736			22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Christopher J. Dipaolo, M. D., 75 Pringle Way, Reno, NV. 89502					23b. LICENSE NUMBER 5283	
24a. REGISTRAR (Signature) <i>[Signature]</i> Dep		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 5, 1990		24c. DEATH DUE TO COMMUNICABLE DISEASE 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 0	
	(b) Septic shock DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

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STATE REGISTRAR

No. 024607

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

Leo Reppos

OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP 20 PM 4: 02

LINDA SLATER, RECORDER

BY *LR* *16⁰⁰ pc*

0552658

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