

17-  
A.P.N. ~~21-301-08~~ <sup>(New)</sup> 1420-07-612-012

When Recorded Mail to:

Myron D. White  
5565 Eastwood Avenue  
Alta Loma, CA 91737

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA

COUNTY OF WASHOE }

ss.

JOSEPH RAPIC, being duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the person named as JOSEPH RAPIC, joint tenant, one of the two grantees on that certain Grant, Bargain and Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada on January 31, 1989, in Book 189, Page 4188, being document number 195410, wherein JOSEPH RAPIC and CHRISTIANE M. RAPIC, husband and wife, as joint tenants, were named as grantees to all that real property located in Douglas County, Nevada, described as follows

Lot 8 in Block A, as shown on the Official Map of  
SUNRIDGE HEIGHTS UNIT NO. 1, PHASE A, filed for record in  
the office of the County Recorder of Douglas County, Nevada, on  
December 15, 1982, in Book 1282, Page 999, as Document No.  
74054,

APN 21-301-08, More commonly known as 3544 Haystack.

0554442

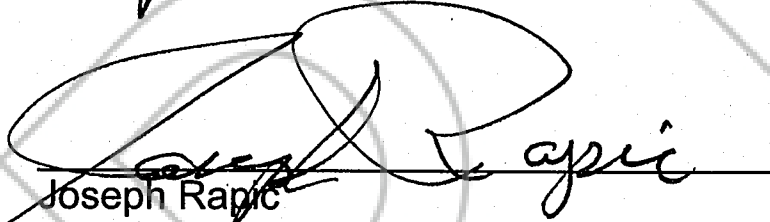
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That CHRISTIANE RAPIC was one of the grantees named in said Grant, Bargain and Sale Deed and was the identical person named as CHRISTIANE M. RAPIC, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

That said decedent died on the 23<sup>rd</sup> day of August, 1999.


That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

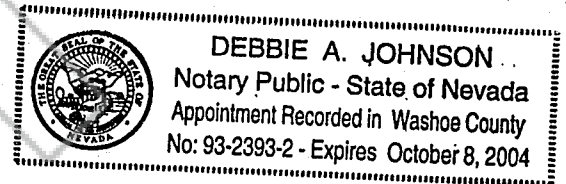
Dated this 20 day of Sep 7, 2002.

  
Joseph Raptic

SUBSCRIBED AND SWORN before me

this 20<sup>th</sup> day of September, 2002.

  
NOTARY PUBLIC  
My Commission Expires: 10-8-04



Mail Tax Statements to: APN 21-301-08

JOSEPH RAPIC, Trustee  
P. O. Box 1167  
Minden, NV 89423

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# 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

99 009648

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			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last <b>Christiane M. RAPIC</b>			2. DATE OF DEATH (Month, Day, Year) <b>August 23, 1999</b>		3a. COUNTY OF DEATH <b>Douglas</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>610 Mottsville Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>6</b>	4. SEX <b>Female</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>	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) <b>76</b>	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) <b>January 9, 1923</b>
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Belgium</b>	9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. Decedent's Education. Specify highest grade completed. <b>16</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Joseph Rapic</b>
13. SOCIAL SECURITY NUMBER <b>0968</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Self Employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Business</b>	
15a. RESIDENCE—STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>610 Mottsville Lane</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER—NAME First Middle Last <b>Gaston Rousseau</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Mary Louise Pothiers</b>		
18a. INFORMANT—NAME (Type or Print) <b>Joseph Rapic - Husband</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>610 Mottsville Lane, Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	19b. CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Gardnerville, Nevada</b>		
20a. FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) <i>Sammy Benson</i>	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423 53</b>			
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>[Signature]</i> <b>M.D.</b>			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>[Signature]</i>		
21b. DATE SIGNED (Mo., Day, Yr.) <b>8/23/99</b>	21c. HOUR OF DEATH <b>1220</b>	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.) <b>Dr. A. Tang, 1107 Hwy 395, Gardnerville, Nevada 89410</b>					23b. LICENSE NUMBER <b>8365</b>
24a. REGISTRAR (Signature) <i>Tom Gillman</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>August 25, 1999</b>		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) <b>CHF</b>	DUE TO, OR AS A CONSEQUENCE OF:				
PART I (b) <b>COPO</b>	DUE TO, OR AS A CONSEQUENCE OF:				
PART II <b>L.E. Edmo</b>	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				
26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>				
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

STATE REGISTRAR

No. 150815

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

Date Issued: 0554442

MAR 21 2001

*Gyonne Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Woodburn & Wedge  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 OCT 10 PM 4:14

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID Kg DEPUTY

0554442

BK1002PG04221