

File No: 142-2050989.(NMP)  
A.P.N.: 1220-12-710-003  
When Recorded, Mail Tax Statements To:  
Mary Ellen Spichtig  
1054 Tenoba Lane  
Gardnerville, NV 89410

A.P.N.: 1220-12-710-003

### AFFIDAVIT - TERMINATING JOINT TENANCY

Mary Ellen Spichtig, of legal age, being first duly sworn, deposes and says:

That Arnold Andes Spichtig, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Arnold A. Spichtig named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 6, 1986 executed by David C. Thome to Arnold A. Spichtig and Mary Ellen Spichtig as joint tenants, recorded as Document No. 143550 on October 21, 1986 in Book 1086 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada :

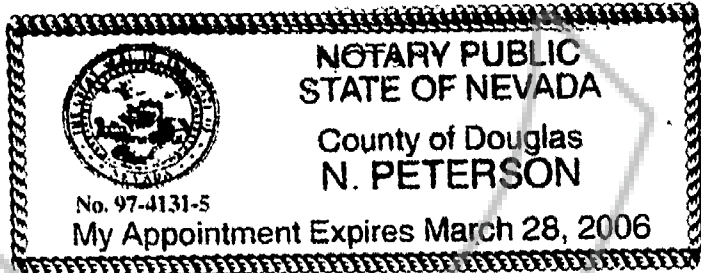
Lot 2 in Block A as set forth on the Plat of PINENUT MANOR NO. 1 AND 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on June 16, 1980 in Book 680, Page 1351, Document No. 45248.

Date: 02/07/03

By: Mary Ellen Spichtig  
Mary Ellen Spichtig

STATE OF NEVADA )  
COUNTY OF DOUGLAS )  
:ss.

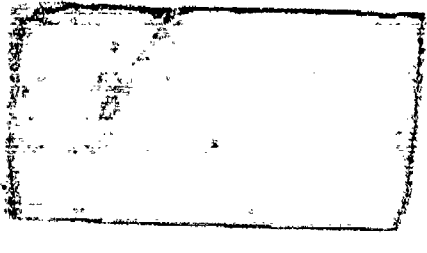
This instrument was acknowledged before me on  
2/7/03 by  
Mary Ellen Spichtig  
[Signature]  
Notary Public  
(My commission expires: 3/28/06)



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BK 0203 PG 04 732



# 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

	LOCAL FILE NUMBER		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)
	1. <b>Arnold Andes SPICHTIG</b>		2. <b>August 25, 2002</b>
DECEASED	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)
	3b. <b>Gardnerville</b>	3c. <b>1054 Tenabo Lane</b>	3e. <b>Male</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)
	5. <b>White</b>	6.	7a. <b>77</b>
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
	9a. <b>California</b>	9b. <b>U.S.A.</b>	10. <b>14 Years</b>
DISPOSITION	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	11. <b>Married</b>	12. <b>Mary Ellen Ryan</b>	
CERTIFIER	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
	13. <b>1857</b>	14a. <b>Supervisor</b>	14b. <b>Food Industry</b>
CAUSE OF DEATH	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
	15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Gardnerville</b>
PARENTS	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15d. <b>1054 Tenabo Lane</b>	15e. <b>Yes</b>	
DISPOSITION	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	
	16. <b>Alois Spichtig</b>	17. <b>Jenny Petersen</b>	
CERTIFIER	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. <b>Mary Ellen Spichtig - Wife</b>	18b. <b>1054 Tenabo Lane, Gardnerville, NV 89410</b>	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
	19a. <b>Cremation</b>	19b. <b>FitzHenry's Crematory</b>	19c. <b>Carson City, Nevada</b>
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
	20a. <i>[Signature]</i>	20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>
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.		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.
	21b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>8/28/02</b>		22b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)
CAUSE OF DEATH	21c. HOUR OF DEATH <b>1843</b>		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON
CAUSE OF DEATH	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22e. AT
	23a. <b>Jorge Perez, M.D., 1000 N. Division, Carson City, Nevada</b>		22e. AT
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
	24a. <i>[Signature]</i>	24b. <b>August 28, 2002</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	PART I (a) <b>Pulmonary embolus</b> DUE TO, OR AS A CONSEQUENCE OF:		
CAUSE OF DEATH	(b) <b>Colon cancer with liver metastases</b> DUE TO, OR AS A CONSEQUENCE OF:		
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		
CAUSE OF DEATH	PART II <b>Emphysema</b>		AUTOPSY (Specify Yes or No)
	26. <b>No</b>		27. <b>Yes</b>
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
	28a.	28b.	28c.
CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED		
	28d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.
	28e.	28f.	28g.
CAUSE OF DEATH	STREET OR R.F.D. No.		CITY OR TOWN STATE
	28e.		28g.



STATE REGISTRAR

No. 254231

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

Date Issued: **AUG 28 2002** **0566968**

*[Signature]*  
State Registrar

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**FIRST AMERICAN TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 FEB 12 PM 4: 23

WERNER CHRISTEN  
RECORDER

\$16<sup>00</sup> PAID *K2* DEPUTY

0566968

BK 0-203 PG 04734

