

File No: 142-2056342 (NMP)  
A.P.N.: 1420-28-510-029  
When Recorded, Mail Tax Statements To:  
Janet Whisler  
P.O. Box 03183  
Minden, NV 89423

A.P.N.: 1420-28-510-029

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Janet M. Whisler**, of legal age, being first duly sworn, deposes and says:

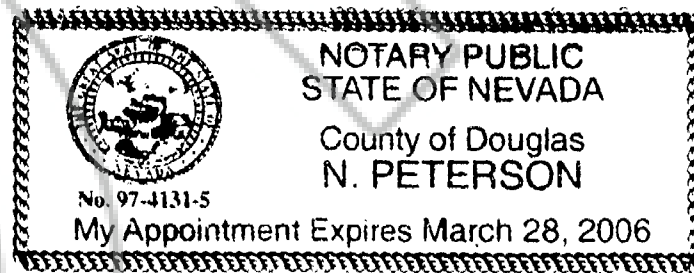
That **Gordon M. Whisler**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gordon M. Whisler** named as one of the parties in that certain **Joint Tenancy Deed** dated **September 22, 1990** executed by **Gary Peterson and Dorothy Peterson and Bruce A. Clark and Patricia D. Clark** to **Janet M. Whisler and Gordon M. Whisler** as joint tenants, recorded as Document No. **237568** on **October 26, 1990** in Book **1090** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**Lot 32, Block C as shown on the Map of MISSION HOT SPRINGS UNIT NO. 1, filed for record in the office of the Douglas County Recorder on July 1, 1987 as File No. 157492.**

Date: 2-28-23

By: Janet M. Whisler  
**Janet M. Whisler**

STATE OF **NEVADA** )  
 ) :SS.  
COUNTY OF **DOUGLAS** )



This instrument was acknowledged before me on 2/26/03 by Janet M. Whisler

[Signature]  
Notary Public  
(My commission expires: 3/28/06 )

0568600

BK 0203 PG 13355

# 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	
DECEASED	1. DECEASED—NAME First Middle Last <b>Gordon M. WHISLER</b>		2. DATE OF DEATH (Month, Day, Year) <b>October 10, 2001</b>	
	3b. CITY, TOWN OR LOCATION OF DEATH <b>Minden</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
DECEASED	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>2952 Santa Maria</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Frm. Inpatient (Specify) <b>Male</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.	
DECEASED	7a. AGE—Last Birthday (Years) <b>67</b>		7b. UNDER 1 YEAR MOS : DAYS <b>7c. UNDER 1 DAY HOURS : MINS</b>	
	8. DATE OF BIRTH (Mo., Day, Yr.) <b>February 12, 1934</b>			
DECEASED	9a. STATE OF BIRTH (If not U.S.A., name country) <b>West Virginia</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
	10. Decedent's Education. Specify highest grade completed. <b>15 1/2 yrs.</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
DECEASED	12. SURVIVING SPOUSE (If wife, give maiden name) <b>Janet M. Hornbrook</b>			
	13. SOCIAL SECURITY NUMBER <b>-2825</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Route Salesman</b>	
DECEASED	14b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Bakery</b>			
	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
DECEASED	15c. CITY, TOWN, OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2952 Santa Maria</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
PARENTS	16. FATHER—NAME First Middle Last <b>Horace Allen Whisler</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Mary Cook</b>	
	18a. INFORMANT—NAME (Type or Print) <b>Janet M. Whisler</b>		18b. MAILING ADDRESS (Street or P.F.D. No., City or Town, State, Zip) <b>2952 Santa Maria, Minden, Nevada 89423</b>	
DISPOSITION	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>Minden, Nevada</b>			
DISPOSITION	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>	
	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary</b>		20d. ADDRESS <b>1478 Fourth Street, Minden, NV. 89423</b>	
CERTIFIER	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>		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>Oct. 12, 2001</b>		21c. HOUR OF DEATH <b>1809</b>	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Lt. Kathleen Tadich, Deputy Coroner, P.O. Box 218, Minden, Nv. 89423</b>		21e. LICENSE NUMBER <b>066</b>	
	23a. REGISTRAR (Signature) <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Oct. 12, 2001</b>	
CAUSE OF DEATH	24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a)/(b), AND (c).) PART I (a) <b>Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>High Cholesterol</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	PART II 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>	
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28b. DATE OF INJURY (Mo., Day, Yr.)</b> <b>28c. HOUR OF INJURY</b> <b>28d. DESCRIBE HOW INJURY OCCURRED</b>			
CAUSE OF DEATH	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28g. LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE</b>	



STATE REGISTRAR

No. 206909

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

Date Issued: **OCT 12 2001** **0568600** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RK 0203 PG 13356

COPY

REQUESTED BY  
FIRST AMERICAN TITLE CO.  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

2003 FEB 28 PM 4: 21

WENNER CHRISTEN  
RECORDER

5/6 PAID *kg* DEPUTY

0568600

BK 0203 PG 13357