## **AFFIDAVIT-TERMINATION OF JOINT TENANT**

Death of a Joint Tenant

1, 5000000000000000000000000000000000000	Affiant, being of legal age, and being first duly sworn, deposes
and says:	
That (Deceased Name as shown on Death Certificate)	SICFF , the Decedent
mentioned in the attached certified copy Certificate of Death	
LEON SIEFF	, named as one of the parties in that certain
(type of document)	, dated on the U day of APRIL 200,2
and executed by Leon Sieff	, known as Grantor(s),
to Georgette Sieff Le	N SICFF, known as Grantees, as joint tenants,
and recorded as instrument number 0539250	, on the 11 day of APRIL 2002.
in Book 0402 of Official Records of Dox	LOLAS COUNTY County, Nevada, covering the following
described property situated in the City of 6539250	GARDNERVILLE, County of DOUGLAS,
LOT 3, BLOCK 1, AS SET FOR	TH ON FINAL MAP OF-SILVERANCH
	an in the DEFILE DE INE
COUNTY OF BOOK AF DOUGHAS-CON	enty, sittle or inclinion on
COUNTY-REOKDER OF THE DOCUME	NT NO. 521270
TO NY - 12 CORDER OF 53 AS DOCUME.  In Witness Whereof, I'We have hereunto set my/our hand(s	s) this,
Oc Strong	
easelle Sieff	Oi ann ach una
Signature	Signature
Georgelle Siett	
Print or Type Name Here	Print or Type Name Here
STATE OF NEVADA )	RECORDING REQUESTED BY AND MAIL TO
\nu \langle	Name: GEORGETTE SIEFF  Address: 1044 - MAVERICK Ort  City/State/Zip: GARDNER VIILE - NEVADA-8946
country of Douglas	Address: 1079 -14 AVENTUL CO.
	City/State/Zip: 6-14 Diver
On this 3' day of 4001 , 2003 personally appeared before me, a Notary Public	IF APPLICABLE MAIL TAX STATEMENTS TO
Georgett Sieff	Name:
	Address:
personally known to me to be the person(s) whose name(e) is	City/State/Zip:
subscribed to the above instrument who acknowledged that	SPACE BELOW FOR RECORDS USE ONLY
5 he executed this instrument. Witness my hand and official seal	TERRY LUNDERGHEEN
Terres Lundergree	Notary Public - State of Nevada
Notary Public	Appointment Recorded in County of Douglas 96-2413-5 My Appointment Expires May 15, 2004
(1)	
(Notary Stamp)	и
ATRIAA	0572342
AFF111 Nevada Legal Forms and Books, Inc. (702) 870-8977	62/C34C
3901 West Charleston Boulevard Las Vegas, Nevada 89102	BK 04 03 PG 0 1 7 0 5
www.legalformsrus.com @ 2000 Consult an attorney if you doubt this forms fitness for your purpose	DVOACOIGOLIGO

LOCAL FILE NUMBER

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH** 

TYPE ,	LOCAL FILE NUMBEI  DECEASED—NAME First	R Middle		I DATE OF SPATIS MAN	STATE FILE NUMBER
OR PRINT	DECEASED—NAME FIIS	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PERMANENT	1. Leon		SIEFF	<sup>2</sup> March 24, 2003	3a.Carson City
BLACK INK	CITY, TOWN OR LOCATION OF	DEATH HOSPITAL OR OTHER	INSTITUTION—Name (If not either, give st	reet and number) If Hosp. or Inst. indica	le DOA OP/Emer   SEV
	3b. Carson City	22 Carson T	ahoe Hospital	Rm. Inpatient (Specify	
DECEDENT				3e. Inpati	
	RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)	ican Was Decedent of Hispanic Origin specify Mexican, Cuban, Puerto	n? Specify ☐ yes ∰ no If yes, AGE—Las Rican, etc. Birthday ()	t UNDER 1 YEAR UNDER 1 D (ears) MOS DAYS HOURS N	AY DATE OF BIRTH (Mo., Day, Yr.)
Ī	<sup>5.</sup> White	6.	7a. 93		8March 21, 1910
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUN-	Decedent's Education. Specify highest	MARRIED, NEVER MARRIED.	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN	(if not U.S.A., name country)	TRY	grade completed.	I WIDOWED DIVORCED	Georgette Collignon
INSTITUTION SEE HANDBOOK	9a. England	9b. U.S.A.	10. 13	(Specify) Married	12.
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Retired	Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
RESIDENCE ITEMS	13. 5217	14a.	Self Employed	14b. Musician	\ \
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
L>	Name de	Dougal an			(Specify Ves or No.)
	> 15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1044 Maver	ick Crt 150. yes
PARENTS	FATHER—NAME First	Middle	Last MOTHER-MAID	EN NAME First	Middle Last
PARENTO	√ 16. Josef		Sieff 17.	Mary	Solomon
	INFORMANT—NAME (Type or Pr	rint)	MAILING ADDRESS	(Street or R.F.D. No., City or Town,	76
	. Comments Ci	_EE 174.E_	ì		The state of the s
	18a. Georgette Si			k Court, Gardnervi	Lie, NV 89410
ſ	BURIAL, CREMATION, REMOVAL	L, OTHER (Specify) CEMETERY	OR CREMATORY—NAME	LOCATION	City or Town State
	19a. Burial	// 19b. Ea	stside Memorial Pa	rk 19c, Mind	en, Nevada
DISPOSITION					
	FUNERAL DIRECTOR—SIGNATU (Or Person Acting as Such)				arson Valley Funeral
Ĺ	20a. 100 /			Hwy 395, Gardnervi	lle, NV 89410
ſ	Z 21a. 76 the best of my know due to the cause(s) sta	wledge, death occurred at the time, date a	and place and	22a. On the basis of examination and/or inv at the time, date and place and due to	estigation, in my opinion death occurred
	Q Z Tax To the best of my know due to the cause(s) state of the ca		A   A   A   A   A   A   A   A   A   A		the cause(s) and manner stated.
	DATE SIGNED (Mo., L			(Signature and Title)	
	En DATE SIGNED (MO., I	de l	150	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
OFFICE OF THE PARTY OF THE PART	රි <u>දි</u> 21b.	105   21c. 210	0	22b.	22c.
CERTIFIER	NAME OF ATTENDING	G PHYSICIAN IF OTHER THAN CERTIFI		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	NAME OF ATTENDING		P		,,,,,,,
				22d. ON	22e. AT
		and the second s	NG PHYSICIAN, MEDICAL EXAMINER, OI		LICENSE NUMBER
ί	23a. Ned Jal	.eel, M.D., //5 Fl	eischmann Way, Car	son City, NV 89702	23ь. 1090
CONDITIONS	REGISTRAR		DATE RECEIVED BY REG	ISTRAR (Mo., Day, Yr.) DEATH DUE TO C	OMMUNICABLE DISEASE
IF ANY WHICH GAVE	24a. (Signature)	- A //	Dag 24b. Can DI		
RISE TO		an Kochant	THE COURT	2003 24c. YES	NO 🔯
IMMEDIATE CAUSE	25. IMMEDIATE CAUS	NTER ONLY ONE SAUSE PER LINE FOI	H (a), (b), AND (c).)		• Interval between onset and death
STATING THE UNDERLYING	PART (a)	NSK /			
CAUSE LAST	DUE TO, OR A	CONSEQUENCE OF:	1 1		Interval between onset and death
1	( Knack	TC COUNT	\ \		•
	(b) <b>500</b> (c)	- 15 Mean			•
	DUE TO, OR AS	CONSEQUENCIAOF:	\ \		• Interval between onset and death
(AVV)	' <sub>©</sub> WCAN	WELLEY WELL	LR.	\	•
CAUSE OF		CONDITIONS—Conditions contributing to	death but not resulting in the underlying c	ause given in Part 1. AUTOPSY (Sp	PCITY WAS CASE REFERRED TO
DEATH		\ \	,,,,,	Yes or	No) CORONER (Specify Yes or No)
				26. no	27. no
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIBE HOW IN	JURY OCCURRED	
BK 0 + 0 3 PG 0	(Specify)	28b. 28c.	M 28d.		
0/0	INJURY AT WORK	PLACE OF INJURY-At home, farm, st	treet, factory, office LOCATION.	STREET OR R.F.D. No. CI	TY OR TOWN STATE
	(Specify Yes or No)	building, etc. (Spec	ify)		TON TOWN STATE
7 9	28e.	28f.	28g.		
スプ					- 040000
		STATE RE	CICTOAD	N	o.248290
<b>5</b> / v	A MES AV	SIATE NE	GISTRAR		
	LA STATE OF THE ST				
		0			
	top black who then the thing to the thing the things th		•		
	S RECEIVES AND	1		,	
	Sinialists.	1 )			( 1)
		////////		· Munn.	
	1 100/		the above is a true and corre	ct copy	Jyua B
	A Comment of the Comm	of the certificate on fi	ie in this office.	9₹	
STEEL	KIL BIRN 4.8	puls I a	rd 0 1 2603		Willest Control of the Control of th
	LANGEL ,	Date Issued: A	ive u i auto	St	ate Registrar
3/1					18357777

0572342

0572342 BK0403PG01707 REQUESTED BY

IN OFFICIAL RECORDS OF COURSE AS CO. NEVADA

2003 APR -3 PM 2: 17

WERNER CHRISTEN
RECORDER

S 16 PAID BE DEPUTY