

ASSESSORS PARCEL NUMBER (APN): 1220-09-415-003

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Georgette Sieff, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) LEON SIEFF, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), LEON SIEFF, named as one of the parties in that certain (type of document) Deed, dated on the 11 day of APRIL 2002, and executed by LEON SIEFF, known as Grantor(s), to Georgette Sieff LEON SIEFF, 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 DOUGLAS COUNTY County, Nevada, covering the following described property situated in the City of 0539250 GARDNERVILLE, County of DOUGLAS State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 3, BLOCK 1, AS SET FORTH ON FINAL MAP OF SILVERANCH PHASE 6, LDA 97-008-6 FILED IN THE OFFICE OF THE COUNTY-REORDER OF DOUGLAS-COUNTY, STATE OF NEVADA ON AUGUST 23, 2001, BOOK 0801, PAGE 6153, AS DOCUMENT NO. 521270
In Witness Whereof, I/We have hereunto set my/our hand(s) this _____ day of _____.

Georgette Sieff
Signature
Georgette SIEFF
Print or Type Name Here

Signature

Print or Type Name Here

STATE OF NEVADA)
COUNTY OF Douglas)

RECORDING REQUESTED BY AND MAIL TO
Name: Georgette Sieff
Address: 1044 MAVERICK CRT
City/State/Zip: GARDNERVILLE - NEVADA 89460

On this 3rd day of April, 2003
personally appeared before me, a Notary Public
Georgette Sieff

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 she executed this instrument. Witness my hand and official seal



Terry Lundergreen
Notary Public
(Notary Stamp)

AFF111
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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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Leon SIEFF			2. March 24, 2003		
	3b. Carson City			3a. Carson City		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b. Carson City			3c. Carson Tahoe Hospital		
PARENTS	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.		
	5. White			6.		
DISPOSITION	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		
	9a. England			9b. U.S.A.		
CERTIFIER	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		
	13. 5217			14a. Self Employed		
CAUSE OF DEATH	RESIDENCE—STATE			COUNTY		
	15a. Nevada			15b. Douglas		
FATHER—NAME First Middle Last	16. Josef Sieff			MOTHER—MAIDEN NAME First Middle Last		
	17. Mary Solomon			18. Georgette Sieff - Wife		
INFORMANT—NAME (Type or Print)	18a. Georgette Sieff - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18b. 1044 Maverick Court, Gardnerville, NV 89410			19a. Burial		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19a. Burial			CEMETERY OR CREMATORY—NAME		
	19b. Eastside Memorial Park			19c. Minden, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20a. <i>[Signature]</i>			FUNERAL DIRECTOR LICENSE NUMBER		
	20b. 217			NAME AND ADDRESS OF FACILITY		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	21a. <i>[Signature]</i>			21b. 4/1/03		
	21c. 2100			21d. Ned Jaleel, M.D., 775 Fleischmann Way, Carson City, NV 89702		
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.	22a. <i>[Signature]</i>			22b. 4/1/03		
	22c. 2100			22d. ON		
REGISTRAR	24a. <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
	24b. April 1, 2003			DEATH DUE TO COMMUNICABLE DISEASE		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	25. IMMEDIATE CAUSE			Interval between onset and death		
	(a) Sepsis			Interval between onset and death		
PART I	(b) Bowel ischemia			Interval between onset and death		
	(c) incarcerated hernia			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	26. NO			AUTOPSY (Specify Yes or No)		
	27. NO			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28a.			DATE OF INJURY (Mo., Day, Yr.)		
	28b.			HOUR OF INJURY		
INJURY AT WORK (Specify Yes or No)	28c.			DESCRIBE HOW INJURY OCCURRED		
	28d.			LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28e.			28f.		
	28g.			28g.		

STATE REGISTRAR

No.248290

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

Date Issued: APR 01 2003

Yvonne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Georgetta Sief
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 APR -3 PM 2: 17

WERNER CHRISTEN
RECORDER

\$16.00 PAID *Be* DEPUTY

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REC'D