

File No: 142-2069422 (KM)
A.P.N.: 1220-15-510-002
When Recorded, Mail Tax Statements To:
Morin
957 Dresslerville
Gardnerville, Nevada 89460

A.P.N.: 1220-15-510-002

AFFIDAVIT - TERMINATING JOINT TENANCY

Kenneth J. Morin, of legal age, being first duly sworn, deposes and says:

That **Georgia J. Morin**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Georgia J. Morin** named as one of the parties in that certain **Individual Grant Deed** dated **February 1, 1993** executed by **Galen Hinton and Lynne Hinton, husband and wife as joint tenants** to **Kenneth J. Morin and Georgia J. Morin, husband and wife** as joint tenants, recorded as Document No. **299693** on **02-16-93** in Book **293 Page 2553** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

Lot 40, as said lot is shown on the map of the Official Plat of **GARDNERVILLE RANCHOS NO. 1**, filed in the office of the County Recorder of Douglas County, Nevada, on **November 30, 1964**, in Book **1** of Maps, Page **40**, File No. **26665**.

Date: 5-14-03

By: Kenneth J. Morin
Kenneth J. Morin

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



This instrument was acknowledged before me on 5-14-03 by **Kenneth J. Morin**

[Signature]
Notary Public

(My commission expires: 10-19-03)

0577387
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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 009643

LOCAL FILE NUMBER

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Georgia Jean MORIN			2. DATE OF DEATH (Month, Day, Year) August 21, 1999		3a. COUNTY OF DEATH Douglas															
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 957 Dresslerville Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6		4. SEX Female														
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		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) 54		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) March 6, 1945												
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Kenneth Morin												
13. SOCIAL SECURITY NUMBER 4884		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Cashier/Checker		14b. KIND OF BUSINESS OR INDUSTRY 276 601 Grocery		15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 957 Dresslerville		15e. INSIDE CITY LIMITS (Specify Yes or No) YES						
16. FATHER—NAME First Middle Last George Carroll			17. MOTHER—MAIDEN NAME First Middle Last Jean Bankson			18a. INFORMANT—NAME (Type or Print) Kenneth Morin						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 957 Dresslerville Road Gardnerville, Nevada 89410								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Gardens			19c. LOCATION City or Town State Minden, Nevada														
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Hall</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 48 1380 Hwy. 395 Gardnerville, Nevada 89410														
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>Stephen W. Hall MD</i>			21b. DATE SIGNED (Mo., Day, Yr.) 8-23-99			21c. HOUR OF DEATH 2:20			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>Stephen W. Hall MD</i>			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.) Stephen W. Hall MD 781 Mill St Reno, NV 89502						23b. LICENSE NUMBER NV 3689					
24a. REGISTRAR (Signature) <i>ga. S. Hunter</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 25, 1999			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) <i>Breast ca. metastatic widely</i>			Interval between onset and death : months														
PART I (b)			DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
PART I (c)			DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
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) no			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) yes														
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. 150656

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

Date Issued: 0577387

MAY 15 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2003 MAY 19 PM 4:35

WERNER CHRISTEN
RECORDER

16⁰⁰ PAID *Kg* DEPUTY

0577387

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