

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

** This is being re-recorded to
reflect correct lot.

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** :

48

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

Kathy Merrill
Notary Public
(My commission expires: 10-19-03)

0578874

0577387

BK0603PG01729

BK0503PG10139

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	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
		1. Georgia Jean MORIN	2. August 21, 1999	3a. Douglas	
		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)	SEX
DECEDENT		3b. Gardnerville	3c. 957 Dresslerville Road	3e. 6	4. Female
		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)	UNDER 1 YEAR MOS : DAYS
		5. White		7a. 54	7b. : 7c. :
		STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
		9a. California	9b. U.S.A	10. 12	11. Married
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)
		13. 4884	14a. Cashier/Checker	276	12. Kenneth Morin
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
		15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 957 Dresslerville
		FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)
PARENTS		16. George Carroll	17. Jean Bankson		15e. YES
		INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
		18a. Kenneth Morin	18b. 957 Dresslerville Road Gardnerville, Nevada		89410
		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
DISPOSITION		19a. Burial	19b. Eastside Memorial Gardens	19c. Minden, Nevada	
		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
		20a. <i>[Signature]</i>	20b. 217	FitzHenry's Carson Valley Funeral Home	48
		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)	21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
CERTIFIER		<i>[Signature]</i>	8-23-99	2120	
		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)	22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH	22d. ON
		<i>[Signature]</i>			22e. AT
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	LICENSE NUMBER		
		23a. Stephen W. Hall MD 781 Mill St Reno, NV 89502	23b. NV 3689		
		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
		24a. <i>[Signature]</i>	24b. August 25, 1999	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		25. IMMEDIATE CAUSE—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).			
CAUSE OF DEATH		PART I (a) Breast ca. metastatic widely			Interval between onset and death: mm vs
		(b) _____			Interval between onset and death: _____
		(c) _____			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.	AUTOPSY (Specify Yes or No)	26. no	27. yes
		ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
		28a. _____	28b. _____	28c. _____	28d. _____
		INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
		28e. _____	28f. _____	28g. _____	

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

[Signature]

0578874 State Registrar

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BK 0503 PG 10140

BK 0503 PG 01730

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BK0603PG01731

0578874

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

2003 JUN -4 PM 3: 57

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *AB* DEPUTY

0577387

BK0503PG10141

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

2003 MAY 19 PM 4: 35

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RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

File No: 142-2069422 (KM)
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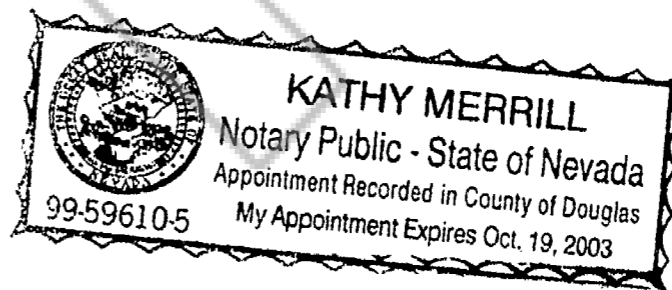
48

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

Kathy Merrill
Notary Public

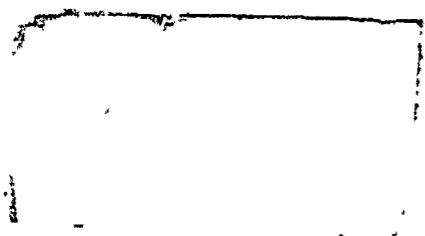
(My commission expires: 10-19-03)

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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

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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)		SEX	
3b. Gardnerville		3c. 957 Dresslerville Road		3e. 6		4. Female	
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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 54		8. March 6, 1945	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. -4884		14a. Cashier/Checker		14b. Grocery		12. Kenneth Morin	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 957 Dresslerville	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. George Carroll		17. Jean Bankson		15e. YES			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Kenneth Morin		18b. 957 Dresslerville Road Gardnerville, Nevada					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Eastside Memorial Gardens		19c. Minden, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. FitzHenry's Carson Valley Funeral Home 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>[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>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 8-23-99		21c. 2120		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
21d.		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. Stephen W. Hall MD 781 Mill St Reno, NV 89502		23b. NV 3689					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. August 25, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death			
PART I (a) Breast ca. metastatic widely				: non N.S.			
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(b)				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(c)				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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. no		27. yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			



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 0578874 State Registrar

[Signature: Yvonne Sylva]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0503 PG 10140 BK 0503 PG 01730

PROXY

BK0603PG01731
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2003 MAY 19 PM 4: 35

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