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REQUESTED BY  
Lester Stuck  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 APR 29 AM 8:21

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> PAID BY DEPUTY

APN: 1420-07-310047  
Recording requested by and mail documents and  
tax statements to:

Name: Lester E. Stuck  
Address: 3463 Calcite Circle  
City/State/Zip: Carson City, NV 89705

AFF111  
Nevada Legal Forms & Books, Inc. (702) 870-8977  
[www.legalformsrus.com](http://www.legalformsrus.com)

## AFFIDAVIT-TERMINATION OF JOINT TENANT

### Death of a Joint Tenant

I, Lester E. Stuck  
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Rosalie J. Stuck  
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, \_\_\_\_\_

Rosalie Stuck  
named as one of the parties in that certain Deed of Trust Sharon R. Young  
dated on the 21 day of October, 1991, and executed by Lester E. Stuck

known as Grantor(s), to Rosalie Stuck and Lester E. Stuck  
known as Grantees, as joint tenants, and recorded as instrument number 263309  
on the 22 day of October, 1991, in Book 1091 of Official Records, page 3834,  
of Douglas County, Nevada, covering the following described property situated  
in the City of Douglas County of Douglas, State  
of Nevada. (Set forth legal description and commonly known street address, if known) 3463 Calcite Circle,  
Lot 29 in Block K as shown on the maps of Vista Grande Subdivision  
Unit No. 1, filed for record in the office of the County Recorder of Douglas County,  
Nevada, on Nev. 9, 1964 Document No. 26518.  
In Witness Whereof, I/We have hereunto set my/our hand(s) this 28 day of April, 2004.

Lester E. Stuck  
Signature

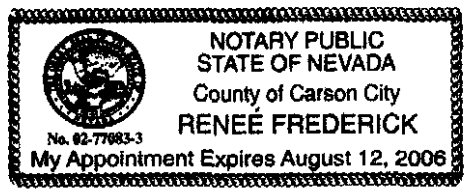
Elizabeth Aamot  
Signature

LESTER E. STUCK  
Print or type name here

ELIZABETH AAMOT  
Print or type name here

STATE OF NEVADA )  
COUNTY OF Douglas )  
On this 28th day of April, 2004, personally appeared before me, a  
Notary Public Lester E. Stuck and Elizabeth Aamot  
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who  
acknowledged that he executed this instrument. Witness my hand and official seal.

Renée Frederick  
Notary Public  
My Commission Expires: 8/12/06



Consult an attorney if you doubt this forms fitness for your purpose.

0611686

# 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

94 004535

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

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1 Rosalie June STUCK		DATE OF DEATH (Month, Day, Year) 2 May 4, 1994		STATE FILE NUMBER 3a 94 004535	
CITY, TOWN, OR LOCATION OF DEATH 3b Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c Carson-Tahoe Hospital		IF KEEP OR INST. INDICATE DOA, OP/EMER, Rm. Inpatient (Specify) 3e Inpatient	
RACE—(a-f, White, Black, American Indian, etc) (Specify) 5 White		Was Decedent of Hispanic Origin? Specify Mexican, Cuban, Puerto Rican, etc. 6 No		AGE—Last Birthday (Years) 7a 62	
STATE OF BIRTH (If not U.S.A., name country) 9a Alaska		CITIZEN OF WHAT COUNTRY 9b U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 Dec. 17, 1931	
SOCIAL SECURITY NUMBER 13 ████████-2937		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Sales Person		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married	
RESIDENCE—STATE 15a Nevada		CITY, TOWN, OR LOCATION 15c Carson City		STREET AND NUMBER 15d 3463 Calcite Cir.	
FATHER—NAME First Middle Last 16 Edward Van McMahan		MOTHER—MAIDEN NAME First Middle Last 17 Rose Wise		SURVIVING SPOUSE (If wife, give maiden name) 12 Lester Stuck	
INFORMANT—NAME (Type or Print) 19a Lester Stuck		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 3463 Calcite Cir., Carson City, Nevada 89705			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Sierra Crematory		LOCATION City or Town, State 19c Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>William Witzke</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b 21		NAME AND ADDRESS OF FACILITY 20c Carson's Chapel of the Valley 01 1281 N. Roop St., Carson City, Nevada 89706	
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>John P. Kelly, M.D.</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>John P. Kelly, M.D.</i>			
DATE SIGNED (Mo., Day, Yr.) 21b 5/5/94		HOUR OF DEATH 21c 10:00 A.M.		DATE SIGNED (Mo., Day, Yr.) 22b	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		PRONOUNCED DEAD (Mo., Day, Yr.) 22b		PRONOUNCED DEAD (Hour) 22c	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a John P. Kelly, M.D., 1000 N. Division St., Carson City, Nv. 89703		LICENSE NUMBER 23b 6376			
REGISTRAR 24a (Signature) <i>Anna L. Cisen</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b 5-6-94		DEATH DUE TO COMMUNICABLE DISEASE 24c 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>Respiratory Failure</i>		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death 2 days	
(b) <i>Small cell lung cancer</i>		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death 16 months	
(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		AUTOPSY 26 No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST 28a		DATE OF INJURY (Mo., Day, Yr.) 28b		HOUR OF INJURY 28c M	
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f		DESCRIBE HOW INJURY OCCURRED 28d	
		LOCATION 28g		STREET OR R.F.D. No. CITY OR TOWN STATE	

HX 0404 PR 14589 BK 494 R 153

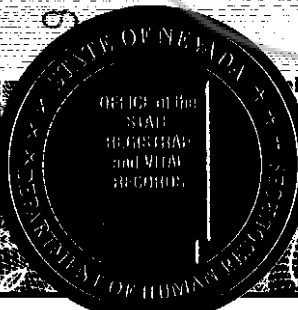
0611686

No. 064284

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

Issued: JUL 07 1995

By: *Yvonne Sylva*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.