

APN: 1319-09-602-023
Recording requested by and mail documents and tax statements to:

Name: Krisan Angelini
Address: 860 Meadow Springs Dr.
City/State/Zip: Reno, NV 89509

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
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Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0307 PG- 6974 RPTT: 0.00



AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

1. Ruth Smith by Krisan Angelini her agent

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

That La Mar Smith

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

La Mar Smith

named as one of the parties in that certain (type of deed) agreement

dated on the 21st day of October 1963, and executed by

William H. Johnston & E. ANNE Johnston

known as Grantor(s), to Lamar Smith & Ruth Smith

known as Grantees, as joint tenants, and recorded as instrument number 23927

on the 26 day of November 1963, in Book 20 page 669 of Official

Records of Douglas County, Nevada, covering the following described

property situated in the City of Genoa, County of Douglas

State of Nevada. (Set forth legal description and commonly known address)

Beginning at the Southeast corner of said Lot 16 in said Block 11, being the point of intersection of the Northwestern line of Cord Alley and the Northeastern line of Fifth Street, as shown on said map; thence North-easterly along said Northwestern line of Cord Alley a distance of 132.79 feet to the protraction Northwesterly of the line common to lots 47 and 46 in said Block 11; thence Northwesterly, along said Northwestern protraction of the line common to lots 47 & 46 in said Block 11, a distance of 104.04 feet to the Northwestern line of said Lot 17 in Block 11; thence Southwesterly along the Northwestern line of Fifth Street; thence Southeasterly along said North eastern line of Fifth Street a distance of 104.00 feet to the point of beginning.

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 22nd day of MARCH, 2007.

Krisan Angelini
Signature

Signature

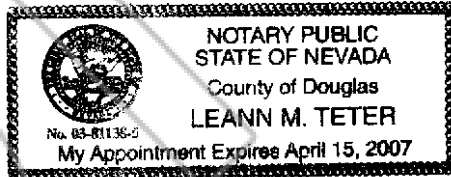
Krisan Angelini
Print or type name here

Print or type name here

STATE OF Nevada)
COUNTY OF Douglas)
On this 22nd day of MARCH, 2007, personally appeared
before me, a Notary Public, Krisan Angelini

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Leann Teter
Notary Public



My commission expires: April 15, 2007

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

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 81 IMAGE 413

LOCAL FILE NUMBER **537**

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

| | | | | |
|---|--|--|--|---|
| DECEASED—NAME First Middle Last La Mar Ralph SMITH | | DATE OF DEATH (Month, Day, Year) March 12, 1994 | | COUNTY OF DEATH Washoe |
| CITY, TOWN, OR LOCATION OF DEATH Reno | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 75 Pringle Way | | SEX Male |
| 1. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White | 2. Was Decedent of Hispanic Origin? Specify (If yes, specify Mexican, Cuban, Puerto Rican, etc.) No | 3. AGE—Last Birthday (Years) 70 | 4. UNDER 1 YEAR MOS : DAYS 70 | 5. UNDER 1 DAY HOURS : MINS 70 |
| 6. STATE OF BIRTH (If not U.S.A., name country) Utah | 7. CITIZEN OF WHAT COUNTRY USA | 8. Decedent's Education. Specify highest grade completed. 17 | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 10. DATE OF BIRTH (Mo., Day, Yr.) September 12, 1923 |
| 11. SOCIAL SECURITY NUMBER 0088 | 12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Librarian | 13. KIND OF BUSINESS OR INDUSTRY University of Nevada | | |
| 14. RESIDENCE Nevada | 15. COUNTY Washoe | 16. CITY, TOWN, OR LOCATION Reno | 17. STREET AND NUMBER 1201 Ralston Street | 18. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| FATHER—NAME First Middle Last Ralph La Mar Smith | | MOTHER—MAIDEN NAME First Middle Last Ida Ray | | |
| 19. INFORMANT—NAME (Type or Print) Ruth Smith | | 20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1201 Ralston Street, Reno, Nevada 89503 | | |
| 21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation | | 22. CEMETERY OR CREMATORY—NAME Mountain View Cemetery | | 23. LOCATION City or Town State Reno Nevada |
| 24. FUNERAL DIRECTOR—SIGNATURE (Or Person Addressing Such) <i>[Signature]</i> | | 25. FUNERAL DIRECTOR LICENSE NUMBER 16 | | |
| 26. NAME AND ADDRESS OF FACILITY Walton Funeral Home | | 27. ADDRESS 875 West 2nd Street, Reno, Nevada 89503 | | |
| 28. To be completed by CERTIFYING PHYSICIAN 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> DATE SIGNED (Mo., Day, Yr.) March 12, 1994 HOUR OF DEATH 0205 | | 29. To be completed by Coroner's Office 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 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT | | |
| 30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven Vicks, MD 50 Kirman Avenue Reno, Nevada | | 31. LICENSE NUMBER 5434 | | |
| 32. REGISTRAR (Signature) <i>[Signature]</i> Dep. | | 33. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 15, 1994 | | 34. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) DUE TO, OR AS A CONSEQUENCE OF Registrar's Group B m.t.o.s. (b) DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I End Stage Renal Disease | | | | |
| 36. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 28a | | 37. DATE OF INJURY (Mo., Day, Yr.) 28b | 38. HOUR OF INJURY 28c | 39. DESCRIBE HOW INJURY OCCURRED 28d |
| 40. INJURY AT WORK (Specify Yes or No) 28e | | 41. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f | | 42. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g |

No. 060636

STATE REGISTRAR



BK- 0307
PG- 6976

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

Deputy Registrar: *Subers Lee Hunt*

Date: **JUL 29 2005**

