

OFFICIAL RECORD

Requested By:

THOMAS PERKINS

APN 1220-03-411-012
1220-03-411-013

Recording requested by and please mail to:

✓ Thomas E. Perkins, Ltd.
P.O. Box 880
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0710 PG- 3932 RPTT: 0.00



Send tax statements to:

Ernest E. Stahl
c/o Martin Stahl
287 Shadow Mountain
Gardnerville, NV 89460

AFFIDAVIT TERMINATING JOINT TENANCY

Martin Stahl, having first been duly sworn, and under penalty of perjury, deposes and says as follows:

1. Affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated;
2. Affiant is a surviving son of Lillian Edith Stahl, deceased;
3. On October 6, 1998, the decedent, Lillian Edith Stahl, and her husband, Ernest E. Stahl acquired title as joint tenants to an interest in parcels of real property situated in Douglas County, Nevada, by that Grant, Bargain and Sale Deed, recorded in the official records of Douglas County, Nevada, Document #0453299, Book 1198, Page 0832-0833; the said property being more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 12 and 13, in Block A, as set forth on the Final Map for SOUTHGATE SERVICE PARK ONE (An industrial Subdivision) filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 5, 1991, in Book 691, Page 457, as Document No. 252109. (APN 1220-03-411-012 and APN 1220-03-411-013).

Commonly known as 1219 Service Drive and 1223 Service Drive, Gardnerville, Nevada, 89410.

4. Lillian Edith Stahl died in Reno, Nevada, on July 13, 2001. A certified copy of the Certificate of Death of Lillian Edith Stahl is attached to this Affidavit.

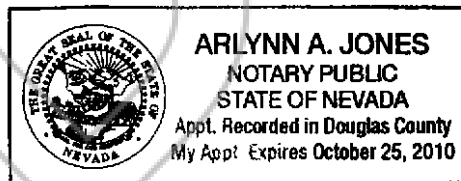
5. At the time of death of Lillian Edith Stahl, the title to the real property described in paragraph 3 continued to be held by Ernest E. Stahl and Lillian Edith Stahl as joint tenants. As a result of the death of Lillian Edith Stahl and the joint tenancy form of title, the real property described in paragraph 3 is now owned by Ernest E. Stahl.

DATED this 21st day of July, 2010.

Martin J. Stahl
MARTIN STAHL

SUBSCRIBED and SWORN to before me by Martin Stahl this 21st day of July, 2010.

Arlynn A. Jones
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH

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

20010008932

ROLL 104 IMAGE 112

1713

STATE FILE NUMBER

TYPE PRINT IN PERMANENT INK

IDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING PRELIMINARY REPORT OF DEATH ITEMS

EVENTS

POSITION

CERTIFIER

CONDITIONS WHICH MAY GIVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

DECEASED—NAME 1. Lillian Edith STAHL			DATE OF DEATH (Month, Day, Year) 2. July 13, 2001			COUNTY OF DEATH 3a. Washoe					
CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Select Specialty Hospital			If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient 5					
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.			AGE—Last Birthday (Years) 7a. 78		UNDER 1 YEAR MOS : DAYS 7b.			
STATE OF BIRTH (If not U.S.A., name country) 9a. Massachusetts			CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		DATE OF BIRTH (Mo., Day, Yr.) 12. April 9, 1923		
SOCIAL SECURITY NUMBER 13. -6006			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker			KIND OF BUSINESS OR INDUSTRY 14b. Own Home			SURVIVING SPOUSE (If wife, give maiden name) 12. Ernest Eli Stahl		
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville			STREET AND NUMBER 15d. APT #1 1389 Village Way			INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME 16. Harry Bates			MOTHER—MAIDEN NAME 17. Ethel Benansky								
INFORMANT—NAME (Type or Print) 18a. Ernest Eli Stahl						MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1389 Village Way, APT. #1, Gardnerville, NV 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/Burial			CEMETERY OR CREMATORY—NAME 19b. Mount Sinai Memorial Park			LOCATION City or Town State 19c. Los Angeles, CA					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Carol D. Higgins			FUNERAL DIRECTOR LICENSE NUMBER 20b. 20		NAME AND ADDRESS OF FACILITY 20c. Reno Memorial 253 E. Arroyo, Reno, Nevada 89502						
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.) 21b. 7/16/01			HOUR OF DEATH 21c. 1125			DATE SIGNED (Mo., Day, Yr.) 22b.			HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.						PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON			PRONOUNCED DEAD (Hour) 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. C. HELD 236 W 6TH RENO									LICENSE NUMBER 23b. 375U		
REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 17, 2001			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) ARTERIOSCLEROTIC CARDIOVASC DIS									Interval between onset and death YEAR		
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death WEEK		
(b) CORONARY ARTERY BYPASS SURGERY									Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:											
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			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.					
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.				LOCATION 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	

Information corrected, State Affidavit #38220, 10/15/01. No. 181403
Item #17. Ethel Penansky

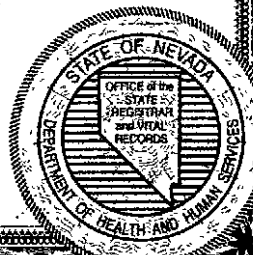
STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORD *[Signature]*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 15 2010**

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



BK- 0710
PG- 3934
07/21/2010
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