



KAREN ELLISON, RECORDER

APN: 1420-28-701-027

When Recorded Mail To:

Jason C. Morris, Esq.
Woodburn & Wedge
P.O. Box 2311
Reno, Nevada 89505

Mail Tax Statements To:

Laura Macaskill
1395 Porter Drive
Minden, Nevada 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) SS:
COUNTY OF WASHOE)

LAURA MACASKILL, being duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness to the matter hereinafter set forth.

That the affiant is the person named as LAURA MACASKILL, joint tenant, one of the two grantees on that certain Grant, Bargain and Sale Deed ("Deed") recorded in the Office of the County Recorder of Douglas County, State of Nevada, on December 31, 2009, in Book 1209 at page 7232, being Document No.: 0756454, wherein, JEAN I. MCINTYRE and LAURA MACASKILL, as joint tenants, were named as grantees to all that real property located in Douglas County, Nevada, described as follows:

Parcel 4 of Parcel Map No. 7 for D.M.S. VENTURES, filed for record in the office of the County Recorder of Douglas County, Nevada on February 2, 1995, in Book 295, Page 155, as Document No. 355414.

Assessor's Parcel No.: 1420-28-701-027

Commonly known as: 1395 Porter Drive, Minden, NV 89423

That JEAN I. MCINTYRE was one of the grantees named in said Deed and was

the identical person named as JEAN I. MCINTYRE, the decedent, in that Death Certificate, a certified copy of which is attached hereto as "Exhibit A" and made part hereof, as if set forth in full, verbatim.

That said decedent died on July 21, 2014.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Dated this 30 day of April 2015.


LAURA MACASKILL

SUBSCRIBED AND SWORN before me
this 30th day of April 2015.

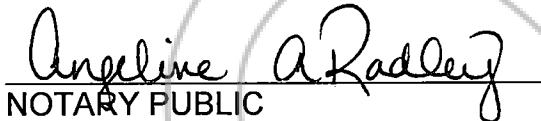

NOTARY PUBLIC



EXHIBIT A

**Death Certificate of Jean I. McIntyre
Issued August 11, 2014**

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2014012557
STATE FILE NUMBER

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE OR PRINT IN PERMANENT BLACK INK IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION TRADE CALL CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Jean I MCINTYRE</td> <td colspan="2">2. DATE OF DEATH (Mo/Day/Year) July 21, 2014</td> <td colspan="2">3a. COUNTY OF DEATH: Douglas</td> </tr> <tr> <td colspan="2">3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville</td> <td colspan="2">3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Carson Valley Senior Living</td> <td colspan="2">3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Nursing Home</td> </tr> <tr> <td colspan="2">5. RACE (Specify) White</td> <td colspan="2">6. Hispanic Origin? 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| 21b. DATE SIGNED (Mo/Day/Yr) July 30, 2014 | | 21c. HOUR OF DEATH 14:05 | | 22b. DATE SIGNED (Mo/Day/Yr) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703 | | 23b. LICENSE NUMBER 9114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24a. REGISTRAR (Signature): NICOLE SHORE SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 06, 2014 | | 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) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | Interval between onset and death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 26. AUTOPSY (Specify Yes or No) No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28a. ACC. SUICIDE, HON., 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

541017

CERTIFIED COPY OF VITAL RECORDS

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: **08/11/2014**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev. 20120523a

