

# AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }  
COUNTY OF \_\_\_\_\_ }

MARY E. OSTRENGER being first duly sworn, deposes and says that affiant is over the age of twenty-one years and competent to be a witness as to the matters hereinafter stated.

That affiant is the daughter of the person named as MARY CERNY one of the grantees in that certain deed recorded December 6, 1967 in Book N-1, Page 265, of Real Estate Deed Records, in the office of the County Recorder of LINCOLN County, State of Nevada.

That MARY CERNY was one of the grantees named in said deed and was the identical person named as MARY Y. CERNY the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Mary E. Ostrenger*  
Mary E. Ostrenger

Subscribed and sworn to before me this 25th day of July, 1979

*J. R. Harding*  
Notary Public in and for said County and State



No. 64781

FILED AND RECORDED AT REQUEST OF  
Frontier Title Co.  
August 9, 1979  
AT 1 MINUTES PAST 2 O'CLOCK  
P M IN BOOK 31 OF OFFICIAL  
RECORDS, PAGE 69 LINCOLN  
COUNTY, NEVADA

*Spencer Scher*  
COUNTY RECORDER

T.O. 57000-111

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH										DEATH NO. D 102-	
ORIGINAL STATE COPY											
NAME OF DECEASED A. FIRST Mary B. MIDDLE Y. C. LAST Cerny			SEX Female		RACE OR COLOR Cauc.		DATE OF DEATH Jan. 14, 1975				
PLACE OF DEATH A. COUNTY Maricopa B. TOWN OR CITY Sun City			C. HOSPITAL OR INSTITUTION Boswell Memorial Hospital			D. IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
DATE OF BIRTH Sept. 5, 1906			AGE (YEARS, IF UNDER 1 YEAR; IF UNDER 1 DAY, LAST BIRTHDAY) 7A. 68		MARRIAGE STATUS MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		SURVIVING SPOUSE Gus Cerny			IF WIFE, GIVE MARRIAGE NAME	
PLACE OF BIRTH Illinois			CITIZEN OF WHAT COUNTRY? U.S.A.		SOCIAL SECURITY NO.		USUAL OCCUPATION Teacher		HAS DECEASED A VETERAN? YES OR NO No		
USUAL RESIDENCE A. STATE Arizona B. COUNTY Maricopa C. TOWN OR CITY Sun City			D. ZIP CODE 85351		STREET ADDRESS OR P.O.D. 10529 Kingswood Circle			HOW LONG LIVED IN ARIZONA? AT PRESENT ADDRESS 19A. 2 yrs.		PREVIOUS STATE OF RESIDENCE 18. California	
FATHER'S NAME Earl Young			MOTHER'S MAIDEN NAME Effie Hill		INFORMANT'S SIGNATURE Gus Cerny			RELATIONSHIP TO DECEASED Husband		ADDRESS, STREET NO., CITY AND STATE 10529 Kingswood Circle, Sun City, Arizona	
20. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)										ESTIMATED TIME BETWEEN ONSET & DEATH	
A. IMMEDIATE CAUSE: Pulmonary embolism											
B. CONSEQUENCE OF: Abdominal carcinomatosis (ovarian)										6 months	
C. CONSEQUENCE OF: Adenocarcinoma of the ovary											
PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS											
PHYSICIAN OR MEDICAL EXAMINER I (ATTENDED) THE DECEASED (FROM) 12-14-74 TO 1-14-75				DEATH OCCURRED AT: 11:20 P.M.		ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED.					
22A. AND LAST SAW WHETHER ALIVE ON: 1-7-75				SIGNATURE: Wayne L. Wertz, M.D.		DATE SIGNED: 25. 1/15/75					
23C. MANNER OF DEATH: <input type="checkbox"/> ACCIDENT <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE				DATE OF INJURY: 27A. 1-7-75		WHERE LOCATED: 27B. 13000 N. 103rd Ave. Sun City		CITY AND STATE: AZ			
CORONER FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.				SIGNATURE: _____		PRECINCT OR DISTRICT: _____					
DECEASED WAS PRONOUNCED DEAD ON: _____				22. (TYPE NAME HERE): _____		DATE SIGNED: _____					
36. DISP. OF BODY - BURIAL: Cremation											
37A. DATE OF BURIAL: 1-17-75											
37B. CEMETERY OR DISPOSITION: Sunland Crematory											
38. FUNERAL HOME: Lundberg Mortuary, 11211 Michigan Ave., Youngtown, Ariz.											
DATE REGISTERED: 1-20-75				REG. FILL NO.: 473		REGISTRAR'S SIGNATURE: Mary Hesse		HELD. DISTRICT: 0702		DATE RECD. IN STATE OFFICE: _____	

CERTIFIED COPY OF VITAL RECORD

State of Arizona) ss  
County of Maricopa)

Date Issued Jan. 21, 1975

This copy is a true and exact reproduction of the document officially registered and to be incorporated in the official records of certificates in the Bureau of Vital Statistics, Arizona State Department of Health, Phoenix, Arizona.

Issued under the authority of ARS 36-341 and by direction of:

*S. F. Farnsworth*  
S. F. Farnsworth, M.D., M.P.H.  
County Registrar and Director  
Maricopa County Department of Health Services