

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) : ss.
COUNTY OF WASHOE)

DIENECE DAYTON being first duly sworn, deposes and says:

That she is the surviving granddaughter of CARL W. REPASS, deceased; that said CARL W. REPASS died in the city of Sparks, County of Washoe, State of Nevada, on the 30th day of March, 1992; that attached hereto and made a part hereof by reference thereto, is a certified copy of the death certificate of said decedent; that the person referred to in said death certificate is one and the same person designated as CARL W. REPASS in that certain Joint Tenancy Deed recorded in the Office of the County Recorder of Lincoln County, Nevada on December 11, 1991, as document number 97886, in book 99, page 675; that Affiant, DIENECE DAYTON is designated jointly with said decedent in said Joint Tenancy Deed as a joint owner, with right of survivorship, of the property covered thereby, commonly known as 125 Rowan Drive, Caliente, Nevada and more specifically described as:

THE EASTERLY 65 FEET (65') OF LOT NUMBERED TWENTY-FIVE (25) OF THE ROWAN SUBDIVISION AMENDED PLAT SHOWING ADDITIONAL LOTS SEVENTEEN (17) THROUGH TWENTY-NINE (29) INCLUSIVE, IN THE CITY OF CALIENTE, COUNTY OF LINCOLN, STATE OF NEVADA.
AP #03-171-04

That Affiant makes this Affidavit for the purpose of establishing the matters herein set forth, to the end that it shall be determined therefrom that Affiant, DIENECE DAYTON, is the sole owner of the real property described herein by reason of the death

of CARL W. REPASS.

DATED this 23rd day of April, 1992.

Dienece Dayton
DIENECE DAYTON

Subscribed and sworn to before me

this 23rd day of April, 1992

Patricia I. Casey
NOTARY PUBLIC

 PATRICIA I. CASEY
Notary Public - State of Nevada
Appointment Recorded in Washoe County
MY APPOINTMENT EXPIRES AUG 17, 1993

MAIL TAX STATEMENTS & WHEN
RECORDED, THE ORIGINAL TO:

Dienece Dayton
3330 Wilma
Sparks, Nevada 89431

098357

AND RECORDED AT REQUEST OF
Dominick Belingheri
April 27, 1992
05 MINUTES PAST 2 O'CLOCK
P.M. IN BOOK 101 OF OFFICE
BOOKS, PAGE 23 LINCOLN
COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER
By *Rhonda Zehner* deputy

LINCOLN COUNTY DEPARTMENT OF HEALTH

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

ROLL 76 IMAGE 20

LOCAL FILE NUMBER
648

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

PLACE IN THIS SECTION INFORMATION REGARDING OCCUPATION OF RESIDENTS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMPEDED CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME 1a Carl W. REPASS		DATE OF DEATH (Month, Day, Year) 2a March 30, 1992		COUNTY OF DEATH 2b Washoe	
CITY, TOWN, OR LOCATION OF DEATH 2c Sparks		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2d Sparks Family Hospital		PLACE OF THIS INCIDENT (Specify) 2e Inpatient	
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5 White		AGE—Last Birthday (Years) 7a 78		SEX 4 Male	
STATE OF BIRTH (If not U.S.A., name country) 6a Idaho		CITIZEN OF WHAT COUNTRY 7a U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 March 14, 1914	
SOCIAL SECURITY NUMBER 9		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) 14a Brakeman		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 12 Widowed	
RESIDENCE—STATE 15a Nevada		COUNTY 15b Lincoln		CITY, TOWN, OR LOCATION 15c Caliente	
FATHER—NAME 16a		MOTHER—MAIDEN NAME 17		STREET AND NUMBER 15d 125 Rowan Drive	
INFORMANT—NAME, Type or Print 18a Dience Dayton		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 3330 Wilma Sparks, Nevada 89431			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Sierra Crematory		LOCATION 19c Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Print, Acting as Such) 20a		FUNERAL DIRECTOR LICENSE NUMBER 20b 16		NAME AND ADDRESS OF FACILITY 20c Walton Funeral Home 20d 875 West Second Street Reno, Nevada 89503	
21a To the best of my knowledge and belief, death occurred at the time, date and place and due to the causes stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b		HOUR OF DEATH 21c		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the (a)-(d)s and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b April 2, 1992	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		22c PRONOUNCED DEAD (Mo., Day, Yr.) March 30, 1992		22d PRONOUNCED DEAD (Mo., Day, Yr.) 0615	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23a Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		LICENSE NUMBER 23b WCC S. 35			
REGISTRAR 24a		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b April 3, 1992		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 1 181 Sepsis		INTERVAL BETWEEN ONSET AND DEATH			
182 Intra abdominal abscess		INTERVAL BETWEEN ONSET AND DEATH			
PART 2 183 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		AUTOPSY (Specify Yes or No) 26 No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 Yes	
ACC. SOURCE HOW UNDER OR PENONIS INJEST (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b		HOUR OF INJURY 28c	
INJURY AT WORK (Specify Yes or No) 28a		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28b		LOCATION 28c	
		STREET OR R.F.D. No.		CITY OR TOWN STATE	

No. 036316

STATE REGISTRAR

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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