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**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                              ) ss:  
COUNTY OF WASHOE     )

RICHARD GISLER, being first duly sworn, deposes and says:

1. That affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

2. That affiant is RICHARD GISLER, the person named as RICHARD GISLER, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded as Instrument No. 68655 in Book 37, of Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, which property described therein is located in the County of Lincoln, State of Nevada, and which property is known and described as follows, to wit:

All of Lots Nos. Forty (40), Forty-one (41) and Forty-two (42) in Block No. 12, Caliente, Lincoln County, Nevada as the same are described on the Revised Map of Block 12, Caliente, Nevada.

That ERVIN L. GISLER was one of the grantees named in said deed and was the identical person named as ERVIN LEO GISLER, the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof, which person died on the 30th day of September, 1992, in Caliente, Lincoln

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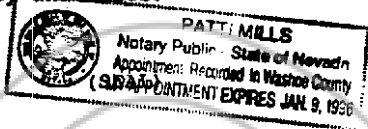
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County, Nevada.

*Richard E. Gisler*  
RICHARD GISLER

Subscribed and sworn to before me  
this 28 day of December, 1992.

*Patricia Mills*  
NOTARY PUBLIC, In and for said  
County and State.



WHEN RECORDED MAIL TO:  
Richard E. Gisler  
P.O. Box 3183  
Sparks, NV 89432

099801

FILED AND RECORDED AT REQUEST OF  
Patricia D. Cafferata  
Jan. 19, 1993  
1 MINUTES PAST 1 O'CLOCK  
104 OF OFFICIAL  
RECORDS, PAGE 472 LINCOLN  
COUNTY, NEVADA  
*James A. [Signature]*

**STATE OF NEVADA**  
 DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

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

TYPE OF DEATH PERMANENT BLACK BOX	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME <b>Ervin Leo GISLER</b>		DATE OF DEATH (Month, Day, Year) <b>September 30, 1992</b>	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH <b>Caliente</b>		COUNTY OF DEATH <b>Lincoln</b>	
	HOSPITAL OR OTHER INSTITUTION—Name (If not within one street and number) <b>182 Spring Heights</b>		SEX <b>Male</b>	
IF DEATH OCCURRED IN INSTITUTION SEE NUMBER REGARDING COMPLETION OF RESIDENCE FORM	RACE—(If G., White, Black, American Indian, etc.) (Specify) <b>White</b>		AGE—Last Birthday (Years) <b>62</b>	
	DATE OF BIRTH (Mo., Day, Yr.) <b>9-15-1930</b>		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
PARENTS	STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		CITIZEN OF WHAT COUNTRY (Specify) <b>U.S.A.</b>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work or Working Title, Even if Retired) <b>Counselor</b>	
DISPOSITION	RESIDENCE—STATE <b>Nevada</b>		CITY, TOWN OR LOCATION <b>Lincoln</b>	
	CITY, TOWN OR LOCATION <b>Caliente</b>		STREET AND NUMBER <b>182 Spring Heights</b>	
CERTIFIER	FATHER—NAME (First, Middle, Last) <b>Joseph Alois Gisler</b>		MOTHER—Maiden Name (First, Middle, Last) <b>Henrietta Dittli</b>	
	REGISTRATION—NAME (Type or Print) <b>Jill Skubic</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>180 701 Olive St. Petaluma, CA 94952</b>	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY—NAME <b>Nevada Cremation Society</b>	
	FUNERAL DIRECTOR—SIGNATURE (Of Person Agent of Agency) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY <b>Lincoln County Mortuary 09</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>10/2/1992</b>	
	21b. DATE SIGNED (Mo., Day, Yr.) <b>10/2/1992</b>		21c. HOUR OF DEATH <b>1700</b>	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Joseph W. Wilkins M.D.</b>		21e. LICENSE NUMBER <b>3849</b>	
	21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Joseph W. Wilkins M.D. P.O. Box 472, Parma, NV 89042</b>		21g. LICENSE NUMBER <b>3849</b>	
CAUSE OF DEATH	22a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Cardiac arrest</b>		Interval between onset and death <b>minutes</b>	
	22b. DUE TO, OR AS A CONSEQUENCE OF <b>Terminal Bronchitis</b>		Interval between onset and death <b>years</b>	
CAUSE OF DEATH	23. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		ALTOGETHER (Specify Yes or No) <b>NO</b>	
	24. SUICIDE, HOMICIDE, DATE OF INJURY (Mo., Day, Yr.) <b>NO</b>		25. HOURS OF INJURY <b>M</b>	
CAUSE OF DEATH	26. PLACE OF INJURY—(If none, give street, factory, office building, etc.) (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	28. LOCATION		29. STREET OR R.F.D. No.	
CAUSE OF DEATH	30. CITY OR TOWN		31. STATE	
	32. AGENCY		33. COUNTY	

No. 040657

STATE REGISTRAR  
 This is to certify that the above is a true and correct copy of the certificate of death in this 1992  
 Date issued **OCT 27 1992**  
 Deputy Registrar *[Signature]*

**STATE OF NEVADA**  
 DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS