

**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

I, Donald E. McGhie, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That Joseph Harold McGhie, the decedent  
(Deceased Name as shown on Death Certificate)  
mentioned in the attached certified copy Certificate of Death, is the same person as

Joseph H. McGhie,  
(Deceased Name as shown on Deed)  
named as one of the parties in that certain Joint Tenancy Deed,  
(Type of Document)

dated on the 18th day of January, 19 75, and executed by  
Doris S. McGhie, known as "Grantor(s)"  
to Donald E. McGhie; William D. McGhie, Joseph H. McGhie & Sue McGhie Hill, known  
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 86223, on the  
10th day of February, 19 87, in book 73, Page 539, of Official  
Records of Lincoln County, Nevada, covering the following described property situated in the City of  
Caliente, County of Lincoln, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

Lot six (6) in block number thirty eight (38) of the Thomas E. Dixon addition to the Caliente Townsite, Lincoln County, Nevada, as the same is platted and described on the official plat now on file and of record in the office of the County Recorder of Lincoln County, Nevada; and to which said plat, and records thereof, reference is hereby made for a more full and complete description thereof.

Together with any and all improvements now on the described property.

ASSESSOR'S PARCEL NO. (APN#) 3-098-01

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 50,000

In Witness Whereof, I/We have hereunto set my hand/our hands this 1 day of October, 19 99

Donald E. McGhie  
(Signature)  
Donald E. McGhie  
(Print or type name here)

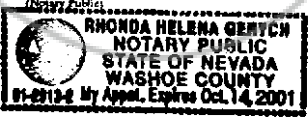
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF WASHOE )  
On this 1st day of October, 19 99  
personally appeared before me, a Notary Public  
Donald E. McGhie

RECORDING REQUESTED BY AND MAIL TO  
NAME Donald E. McGhie  
ADDRESS 100 California Ave. Suite One  
CITY/ST/ZIP Reno, NV 89509  
If applicable mail tax statements to

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

Rhonda Helena Gerych



(Notary Stamp)

NAME  
ADDRESS  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF DEATH RECORDS

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

17007

LOCAL FILE NUMBER: 17007

NAME - FIRST, MIDDLE, LAST: JOSEPH HAROLD McGHIE

SEX: MALE

DATE OF BIRTH: FEB. 25, 1986

DEATH DATE AND DAY: JUNE 22, 1991

DEATH TIME: 0900

STAGE FILE NUMBER: 146-8

RACE: WHITE

ETHNIC ORIGIN: 44

CITY, TOWN OR VILLAGE: VASHON

COUNTY OF BIRTH: KING

CITY, TOWN OR VILLAGE OF DEATH: VASHON

STREET OR ROUTE: O. RT. 4 BOX 157

CITY, TOWN OR VILLAGE OF DEATH: VASHON

STATE OF DEATH: ALASKA

CITIZENSHIP: U.S.A.

MARRIAGE STATUS: DIVORCED

NAME OF SPOUSE: JULIE KAVANAGH

SOCIAL SECURITY NUMBER: [REDACTED]

OCCUPATION: REAL ESTATE SPECIALIST

INDIAN STATUS: TRIBAL COUNCIL TINGET HAYDA INDIANS

RESIDENT NUMBER: 8543

STREET OR ROUTE: STEEP PL.

CITY, TOWN OR VILLAGE: JUNEAU

STATE OF RESIDENCE: ALASKA

FATHER: WILLIAM M. McGHIE

MOTHER: DORIS SKINNER

SUE HILL (SISTER)

RT. 4 BOX 157 VASHON, WA. 98070

CREMATION: FEB. 25, 1986

FOREST LAWN CREMATORY SEATTLE, KING, WASHINGTON

ISLAND FUNERAL SERVICE P.O. BOX 492 VASHON, WA. 98070

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Signature: King Kitch MD

Date: 2/25/86

Time of Death: 0900

Place of Death: SEE 46

NAME AND ADDRESS OF CERTIFYING PHYSICIAN: KING HOLMES MD PhD, CHIEF OF MEDICINE, HARBORVIEW MEDICAL CENTER, 325 9th Av. SEATTLE

CAUSE OF DEATH:

(A) Disseminated Mycobacterium avium complex infection

(B) Acquired Immune Deficiency Syndrome

OTHER SIGNIFICANT CONDITIONS: [Blank]

DATE OF DEATH: JUNE 22, 1991

TIME OF DEATH: 0900

PLACE OF DEATH: [Blank]

STATE OF DEATH: ALASKA

SIGNATURE: Susan M. Wilcox

DATE RECORDED AND DAY: FEB 25 1991

COPY

113474

NO.

FILED AND RECORDED AT REQUEST OF

Donald McGhie

Oct. 13, 1999

AT 18 MINUTES PAST 01 O'CLOCK

PM IN BOOK 144 OF OFFICIAL

RECORDS PAGE 308 LINCOLN

COUNTY, NEVADA.

Leslie Boucher

COUNTY RECORDER

By Debra Lewis Deputy