

Recording requested By
JOHN P. FOLEY, ESQ

Lincoln County - NV
Leslie Boucher - Recorder

Fee \$17.00 Page 1 of 4
RPTT: Recorded By: DP
Book- 245 Page- 0388



APN 006-201-05

Recording Requested By:

Name JOHN P. FOLEY, ESQ.

Address 601 So. Rancho, Suite A1

City / State / Zip Las Vegas, Nevada 89106

AFFIDAVIT TERMINATING JOINT TENANCY

(Print Name of Document on the Line Above)



I the undersigned hereby affirm that this document submitted for recording contain personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is:

NRS 440.380 1(a)

(Insert the NRS, public program or grant referenced in the line above)

X *John P. Foley* ATTORNEY
Signature Title
JOHN P. FOLEY
Print Name



006-201-05

WHEN RECORDED, RETURN TO:
AND MAIL TAX STATEMENTS TO:
KAREN M. PETERS
25 Oakhampton Drive
Lutherville, MD 21093

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF MARYLAND)

) ss
COUNTY OF Harford)

KAREN M. PETERS being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the same person named as KAREN M. PETERS, one of the grantees in that certain deed recorded July 12th, 2005, as recorded document number 124884, Book 203, page 480 of official records, in the office of the County Recorder of Lincoln County, State of Nevada.

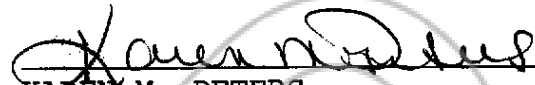
That FRANK C. PETERS was one of the grantees named in said deed and was the identical person named as FRANK PETERS the decedent in that certain Death Certificate, a certified




copy of which is annexed hereto and made a part hereof.
Said real property is described as follows:

APN#: 006-201-05
The West Half (W 1/2) of the Northeast Quarter (NE 1/4)
of Section 34 in Township 2 North, Range 67 East,
M.D.B. & M., Lincoln County, Nevada

Grantees' Address: 25 Oakhampton Drive
Lutherville, MD 21093


KAREN M. PETERS

SUBSCRIBED & SWORN to before me
on this 3rd day of October, 2008.


NOTARY PUBLIC

**ELIZABETH A. RICHARDSON
NOTARY PUBLIC
HARFORD COUNTY
MARYLAND
MY COMMISSION EXPIRES MARCH 29, 2012**

WITH IMPRESSED SEAL

0132824

AT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED: JUL 14 2008

Regina H. Sparks STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

To Be Completed by Funeral Director

Medical Certification: To Be Completed by Physician/Medical Examiner

1- For State Registrar

1. Decedent's Name (First, Middle, Last) Frank Peters		2. Date of Death Month July Day 9 Year 2008		3. Time of Death 9:10 p M	
4a. Facility Name (If not institution, give street and number) 25 Oakhampton Drive		4b. City, Town, or Location of Death Lutherville		4c. County of Death Baltimore	
5. Social Security Number [REDACTED]	6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	7. Age (in yrs. last birthday) 60 Yrs.	8. Date of Birth (Month, Day, Year) Dec 30, 1947	9. Birthplace (State or Foreign Country) Maryland	
10a. State Md.		10b. County Baltimore		10c. City, Town or Location Lutherville	
10d. Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10e. Street and Number 25 Oakhampton Drive		10f. Zip Code 21093	
10g. Citizen of What Country? USA		11. Marital Status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Give Year or Dates:	
13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: White		15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/>	
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Financial Officer		16b. Kind of Business/Industry Retail		17. Father's Name (First, Middle, Last) John Stanton Peters, Sr.	
18. Mother's Name (First, Middle, Maiden Surname) Beatrice Blatchley		19a. Informant's Name/Relationship (Type, Print) Mrs. Karen Peters/ Wife		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 25 Oakhampton Dr. Lutherville, Md. 21093	
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) Dulaney Valley Mem.		20c. Location - City or Town, State Timonium, Md.	
20d. Date 7-14-08		21. Signature of Funeral Service Licensee 		22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204	

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) laryngeal cancer		Approximate Interval Between Onset and Death
a. Due to (or as a consequence of):		
b. Due to (or as a consequence of):		
c. Due to (or as a consequence of):		

IF FEMALE: 23b. Was decedent pregnant in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		23c. If yes, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Other (specify)		23d. Date of delivery Month Day Year	
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Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. tobacco addiction alcohol addiction depression			23e. Did tobacco use contribute to the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
24a. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

25. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Place of Death (Check only one) Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
27. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		28a. Date of Injury (Month, Day, Year)		28b. Time of Injury M	
28c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28d. Describe how injury occurred		28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	
28f. Location (Street and Number or Rural Route Number, City or Town, State)		29a. Certifier <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			

29b. Signature and title of certifier Freeman MD		29c. License number D0003180		29d. Date signed (Month, Day, Year) July 10 2008	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Gino Freeman 6701 N. Charles St Baltimore MD 21204					
31. Date filed (Month, Day, Year) JUL 14 2008		32. Registrar's Signature 			