

RECORDING REQUESTED BY:
Fidelity National Title
Escrow No. FT110040877-EA
Mail Tax Statements and
When Recorded Mail Document To:
Joseph R. McDaniel
9475 Tomahawk Way
Reno, NV 89506



APN: 002-113-05

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF WASHOE

Joseph R. McDaniel, being first duly sworn, and deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is *Joseph R. McDaniel* the person named as **Dawn C. McDaniel**, one of the grantees in the certain deed recorded *June 7, 1991*, in **Book 97, Page 78**, as **Instrument No. 96817**, of Lincoln County in the office of the County Recorder of Lincoln, State of Nevada.

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

DATED: *June 23, 2011*

SUBSCRIBED AND SWORN TO before me

this *23rd* day of *June*,
2011.

Joseph R. McDaniel
Joseph R. McDaniel

Christine L. Lott
Notary Public in and for said County and State





0138605

Book 264
Page 671

06/29/2011
Page 2 of 2

STATE OF NEVADA OFFICE OF VITAL RECORD



WASHOE COUNTY HEALTH DISTRICT VITAL STATISTICS - RENO, NEVADA

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

ROLL 112 IMAGE 156
LOCAL FILE NUMBER 2522

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Dawn C. MCDANIEL		DATE OF DEATH (Month, Day, Year) 2. September 22, 2003		COUNTY OF DEATH 3a. Washoe	
2. CITY, TOWN OR LOCATION OF DEATH 3b. Reno		3c. 110 Greenstone Drive		4. Female	
3. RACE—(e.g., White, Black, American Indian, etc.) (Specify) 6. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. e.		AGE—Last Birthday (Years) 7a. 83	
4. STATE OF BIRTH (If not U.S.A., name country) 8a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DECEDENT'S EDUCATION. Specify highest grade completed. 10. 12	
5. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Office Manager		KIND OF BUSINESS OR INDUSTRY 14b. Lumber	
13. RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe		CITY, TOWN, OR LOCATION 15c. Reno	
15d. Greenstone Drive		STREET AND NUMBER 110		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
16. FATHER—NAME First Middle Last Freemantle			17. MOTHER—MAIDEN NAME First Middle Last Mamie		
18a. Lewis McDaniel			18b. 110 Greenstone Drive, Reno, Nevada 89512		
19a. Cremation		19b. Masonic Memorial Gardens		19c. Reno, Nevada	
20a. 511		20c. 616 South Wells Avenue, Reno, Nevada 89502			
21a. September 24, 2003		21c. 0610		22a. September 24, 2003	
21b. 0610		21d. September 22, 2003		22b. 0610	
23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520				23b. WCC S. 35	
24a. Sandy Anthony, Dep.		24b. September 24, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART 1 (a) Cachexia		Interval between onset and death			
PART 1 (b) Alzheimer's disease		Interval between onset and death			
PART 1 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		25. No		27. Yes	
28a. INJURY AT WORK		28b. 28c. M		28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z.	

IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTRAR

No. 240481



000044494

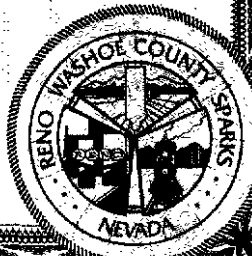
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

JUN 24 2011

DEPUTY REGISTRAR

Norma Jackson



DATE ISSUED: FVNC0 (Rev) 12/09

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE