

WHEN RECORDED MAIL TO:

Wesley E. McEntire
P. O. Box 1246
Zephyr Cove, Nevada 89448

62428

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF CLARK) ss.

WESLEY E. McENTIRE, being first duly sworn, deposes and says that affiant is over the age of twenty one years and competent to be a witness as to the matters hereinafter stated.

That affiant is WESLEY E. McENTIRE the person named as Joint Tenant, one of the grantees in that certain deed recorded December 12, 1968, as Document No. 48111 in Book 26, Page 447, of Official Records, in the Office of the County Recorder of Eureka County, State of Nevada.

That IRENE D. McENTIRE was one of the grantees named in said deed and was the identical person named as Irene D. McEntire, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

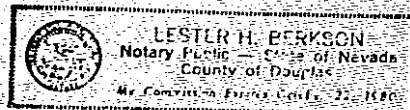
Wesley E. McEntire
WESLEY E. McENTIRE

STATE OF NEVADA)
COUNTY OF DOUGLAS) ss.

On this 9 day of November, 1976, personally appeared before me, a Notary Public in and for said Douglas County, WESLEY E. McENTIRE known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Lester H. Berkson
NOTARY PUBLIC



BOOK 57 PAGE 245

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

ROLL 40 IMAGE 467 LOCAL FILE NUMBER 744 STATE FILE NUMBER

1. DE. OR PRINT IN
 2. SIGNATURE OF
 3. INSTRUCTIONS

4. SIGNATURE
 5. INSTRUCTIONS

6. SIGNATURE

7. SIGNATURE

8. SIGNATURE

9. SIGNATURE

1. DECEASED—NAME IRENE DIERCKS MC ENTIRE		SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) June 18, 1976	
2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White		AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) 61		DATE OF BIRTH (MONTH, DAY, YEAR) December 29, 1914	
3. CITY, TOWN, OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STREET, GIVE STREET AND NUMBER) Washoe Medical Center		COUNTY OF DEATH Washoe	
4. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) Iowa		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
5. SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF PREVIOUS YEAR) Executive Secretary		SURVIVING SPOUSE (IF DEWED, GIVE NAME AND NUMBER) Wesley McEntire	
6. RESIDENCE—STATE Nevada		COUNTY Douglas		CITY, TOWN, OR LOCATION Zephyr Heights	
7. FATHER—NAME (FIRST, MIDDLE, LAST) Walter Diercks		MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) Ethel Bruner		KIND OF BUSINESS OR INDUSTRY Newspaper Publishing	
8. INFORMANT—NAME Wesley McEntire		MARRIAGE ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) P.O. Box 1246 Zephyr Cove, Nevada 89448			
9. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
10. (a) IMMEDIATE CAUSE Brown Metastases 1 mo					
11. (b) CONDITION, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST Metastatic Breast Carcinoma 9 mos					
12. (c) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c) [REDACTED]					
13. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) _____ DATE OF INJURY (MONTH, DAY, YEAR) _____ HOUR _____ M. _____					
14. INJURY AT WORK (SPECIFY YES OR NO) _____ PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY) _____ LOCATION (STREET OR P.O. BOX, NO., CITY OR TOWN, STATE) _____					
15. CERTIFICATION—PHYSICIAN: (MONTH, DAY, YEAR) _____ (MONTH, DAY, YEAR) _____ AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) _____ DID/DID NOT VIEW THE BODY AFTER DEATH _____ DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: (HOUR, DAY, YEAR) _____ (HOUR, DAY, YEAR) _____					
16. CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: (MONTH, DAY, YEAR) _____ (MONTH, DAY, YEAR) _____					
17. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) James W. Forsythe <i>James W. Forsythe M.D.</i> 6-24-76					
18. MAKING ADDRESS—CERTIFIER (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 1000 Ryland St. Reno Nevada					
19. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE Burial Waltons Carson Gardens Carson City, Nevada					
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) Walton Funeral Home 1281 N Rood St Carson City Nevada					
21. DATE (MONTH, DAY, YEAR) June 21, 1976					
22. FUNERAL DIRECTOR—SIGNATURE REGISTER—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR <i>William P. [REDACTED]</i> <i>[REDACTED]</i> June 29, 1976					

No. 022722

THIS COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA



On SEP 10 1976

Lester H. Berkson

RECORD DEPARTMENT - STATISTICS

BY *W. Williams*
COUNTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE. THE FEE FOR THIS CERTIFICATE IS \$2.00

RECORDED AT THE REQUEST OF Lester H. Berkson
on November 15, 1976, at 01 mins. past 8 A.M. in
Book 57 of OFFICIAL RECORDS, page 245-247, RECORDS OF
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
File No. 62428 Fee \$ 5.00

BOOK 57 PAGE 247