

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF ~~NEVADA~~ NORTH CAROLINA } ss.  
County of \_\_\_\_\_ }

Liliane Jacqueline Johnson, 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 Liliane Jacqueline Johnson, the person named as wife of Pete Johnson, Jr., one of the grantees in that certain deed recorded September 3, 1979, as Document No. 69447 in Book 73, Page 51 in the Office of the County Recorder of Eureka County, State of Nevada.

That Pete Johnson, Jr. was one of the grantees named in said deed and was the identical person named as Pete Johnson, Jr.

in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

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Liliane Jacqueline Johnson  
Liliane Jacqueline Johnson

STATE OF NORTH CAROLINA )  
County of Wilson ) ss.

On this 17th day of June 1980, personally appeared before me, a Notary Public in and for said Wilson County, Liliane Jacqueline Johnson

known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Linda H. Murray  
Notary Public in and for said County and State

*My Commission Expires: 5-12-81*



(seal)

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For use of the form, see AR 638-40 (1-67)		Acto de 65 (D'Outre-Mer)	
NAME OF DECEASED (Nom du défunt)		GRADE (Grade)	BRANCH OF SERVICE (Branche)
JOHNSON, PETE JR.		10-2	ARMY
NATIONALITY (Nationalité)		DATE OF BIRTH (Date de naissance)	SEX (Sexe)
UNITED STATES		9 DECEMBER 1935	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE (Race)		RELIGION (Religion)	
CAUCASIAN (Caucasien)		PROTESTANT (Protestant)	
OTHER (Specify) (Autre (Spécifier))		CATHOLIC (Catholique)	
MARRIED (Marié)		SEPARATED (Séparé)	
WIDOWED (Veuf)		JEWISH (Juif)	
NAME OF NEXT OF KIN (Nom du proche parent)		RELATIONSHIP TO DECEASED (Rapport au défunt)	
LILLIANE JOHNSON		WIFE (Épouse)	
STREET ADDRESS (Adresse)		CITY OR TOWN AND STATE (Ville et État)	
BLDG 1500 APT 8 PIRMASENS HOUSING AREA		PIRMASENS, GERMANY, APO NY 09189	
MEDICAL STATEMENT (Déclaration médicale)			
CAUSE OF DEATH (Enter only one cause per line) (Cause du décès (Indiquer qu'une cause par ligne))		INTERVAL BETWEEN ONSET AND DEATH (Intervalle entre l'attaque et le décès)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Maladie ou condition directement responsable de la mort)		8 HOURS	
ASPHYXIATION			
ANTECEDENT CAUSES (Symptômes précurseurs de la mort)		2 WEEKS	
HEMOPTYSIS			
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE (Raison fondamentale, s'il y a lieu, ayant entraîné la cause primaire)		8 MONTHS	
CARCINOMA OF RIGHT LUNG			
OTHER SIGNIFICANT CONDITIONS? (Autres conditions significatives?)		5 DAYS	
TOTAL ATELECTASIS OF RIGHT LUNG			
MODE OF DEATH (Condition de décès)		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES (Circonstances de la mort attribuées par des causes extérieures)	
<input checked="" type="checkbox"/> NATURAL (Mort naturelle)		RESPIRATORY INSUFFICIENCY SECONDARY TO BRONCHOGENIC CARCINOMA EMPHYSEMA PNEUMONIA	
<input type="checkbox"/> ACCIDENT (Mort accidentaire)			
<input type="checkbox"/> SUICIDE (Suicide)			
<input type="checkbox"/> HOMICIDE (Homicide)			
DATE OF DEATH (Hour, day, month, year) (Date de décès (Heure, le jour, le mois l'année))		PLACE OF DEATH (Lieu de décès)	
2235 9 JANUARY 1977		2nd GENERAL HOSPITAL, LANDSTUHL, GY, APO 09180	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE (J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.)			
NAME OF MEDICAL OFFICER (Nom du médecin militaire ou du médecin sanitaire)		TITLE OR DEGREE (Titre ou diplôme)	
KLETT W. STANDER		MEDICAL OFFICER	
GRADE (Grade)		INSTALLATION OR ADDRESS (Installation ou adresse)	
ITC		2nd GENERAL HOSPITAL, LANDSTUHL, GY, APO 09180	
DATE (Date)		SIGNATURE (Signature)	
10 JANUARY 1977		<i>Klett W. Stander</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS (Nom du préparateur des restes mortels)		GRADE (Grade)	STATE (État)
PREMICE S. STAFFORD		GS-11	IND.
INSTALLATION OR ADDRESS (Installation ou adresse)		DATE (Date)	SIGNATURE (Signature)
USA MEM AFF ACT., EUR APO 09012		12 Jan 77	<i>Premice S. Stafford</i>
NAME OF CEMETERY OR CREMATORY (Nom du cimetière ou du crématorium)		LOCATION OF CEMETERY OR CREMATORY (Lieu du cimetière ou du crématorium)	
TYPE OF DISPOSITION (Type de disposition)		DATE OF DISPOSITION (Date de disposition)	
<input type="checkbox"/> BURIAL (Inhumation) <input type="checkbox"/> CREMATION (Crémation) <input type="checkbox"/> REMOVAL (Spécifier) (Enlèvement)			
REGISTRATION OF VITAL STATISTICS (Enregistrement des statistiques vitales)			
REGISTRY (Nom et pays) (Registre)		DATE REGISTERED (Date d'enregistrement)	FILE NUMBER (Numéro de dossier)
NAME OF FUNERAL DIRECTOR (Nom du directeur funéraire)		STATE (État)	OTHER (Autre)
ADDRESS (Adresse)			
SIGNATURE OF AUTHORIZED INDIVIDUAL (Signature de l'individu autorisé)			
		SEAL Affixed	

DA FORM 1300 3565

REPLACES DA FORM 1300 1 JAN 70 WHICH WILL BE USED

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*Copy of application copy*

RECORDED AT REQUEST OF  
FIRST AMERICAN TITLE CO. OF NEVADA  
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80 JUL 2 A10:47

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEFRALLO, RECORDER  
FILE NO. 74352  
FEE \$ 5.00

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