

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
County of Eureka)

W. G. OLIVER, being first duly sworn, deposes and says,
to-wit:

That Affiant was the husband of THELMA J. OLIVER, one of the Grantees in that certain Deed dated July 19, 1979, wherein E. and R., INC., a Nevada Corporation, was Grantor, and W. G. OLIVER and THELMA J. OLIVER, husband and wife, as joint tenants with right of survivorship and not as tenants in common, were Grantees, conveying those certain lots, pieces or parcels of real property situate in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

BEGINNING at the Southeast corner whence the Southeast corner of Section 29, Township 20 North, Range 53 East bears South 89°48' East 430.0 feet, thence North 89°48' West, 1359.84 feet along the South boundary of said Section 29 to the Southwest corner; thence North 0° 26' West 885.25 feet to the Northwest corner; thence South 70°5'29" East, 1450.2 feet along the South boundary of U. S. Highway 50 right of way to the Northeast corner. Thence South 0°26' East 396.15 feet to the point of beginning.

That said Deed was recorded on August 8, 1979, in Book 71, Pages 497, 498 and 499, File No. 68845, in the Office of the Eureka County Recorder.

That the said THELMA J. OLIVER, one of the Grantees named in the aforesaid Deed, died in the City of Los Olivos, County of Santa Barbara, State of California, on June 22, 1986, and is the

BOOK 148 PAGE 524A

1 identical person named as THELMA J. OLIVER in that Certificate of
2 Death, duly certified, marked Exhibit A and attached hereto; that
3 said certified copy of Certificate of Death is hereby referred to
4 and by such reference is incorporated into this paragraph as
5 though herein fully set forth.

6 DATED this 17th day of Sept. , 1986.

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8
9 W. G. Oliver
10 W. G. OLIVER

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13 SUBSCRIBED and SWORN to before me
14 this 17th day of September , 1986.

15
16 Shirley Allison
17 NOTARY PUBLIC



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28 OFFICIAL SEAL
SHIRLEY ALLISON
Notary Public-Nevada
EUREKA COUNTY
My Comm. Exp. SEPT 20, 1988

- 2 and last -

BOOK 148 PAGE 525

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION OFFICE AND CERTIFICATE NUMBER		
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR	
	THELMA	J.	OLIVER	June 22, 1986	2325	
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/Hispanic	6. DATE OF BIRTH	7. AGE	
	female	Cauc	NO	July 25, 1913	72 YEARS	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
KS	Howard L Rogers - MO	Effie Brooks - MO				
USUAL RESIDENCE	11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE IF TYPE, ENTER BIRTH NAME	
	U S A	19 NO. TO 19		married	William G Oliver	
	15. FAVORITE OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER IF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS		
	Housewife	48	Self employed	Home making		
	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B. CITY OR TOWN				
Zaca Ranch Foxen Cyn Rd	Los Olivos					
PLACE OF DEATH	21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
	(home)	Santa Barbara	William G Oliver, Husband			
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	Zaca Ranch P O Box 545			
Zaca Ranch Foxen Cyn Rd	Los Olivos	Los Olivos, CA 93441				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
	IMMEDIATE CAUSE					
	(A) Cardiorespiratory Arrest					
	(B) metastatic carcinoma					
	(C)					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	Hypertension, C.O.P.D.					
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
	11/14/83		Robert Gottesman		6/23/86	
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER			
Robert Gottesman, MD Railway Ave Los Olivos, CA		G26988				
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	
	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
CORONER'S USE ONLY	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE MADE AN UNQUEST-IONED INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
cremation		6/23/1986	Santa Barbara Cemetery Santa Barbara, CA		not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Loper Funeral Chapel		1294	Lawrence Hart		JUN 23 1986	
STATE REGISTRAR	A.	B.	C.	D.	E.	

VS-11 (1-85)

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy
of the certificate on file in this office.

FEE
PAID

JUN 30 1986

Lawrence Hart, M.D.

RECORDED AT REQUEST OF
W. G. Oliver
BOOK 148 PAGE 526

86 SEP 17 P 2: 43

OFFICIAL RECORDS
FUREKA COUNTY, NEVADA
P.N. REBALEAH 1046754

FILE NO.

7.90

BOOK 148 PAGE 526