

AFFIDAVIT TERMINATING JOINT TENANCY

1
2
3 STATE OF NEVADA)
4 : ss.
5 County of Eureka)

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

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

16 BEGINNING at the Southeast corner whence the
17 Southeast corner of Section 29, Township 20
18 North, Range 53 East bears South 89°48' East
19 430.0 feet, thence North 89°48' West, 1359.84
20 feet along the South boundary of said Section
21 29 to the Southwest corner; thence North 0°
22 26' West 885.25 feet to the Northwest corner;
23 thence South 70°5'29" East, 1450.2 feet along
24 the South boundary of U. S. Highway 50 right
25 of way to the Northeast corner. Thence South
26 0°26' East 396.15 feet to the point of begin-
27 ning.

23 That said Deed was recorded on August 8, 1979, in Book
24 71, Pages 497, 498 and 499, File No. 68845, in the Office of the
25 Eureka County Recorder.

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

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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.

7
8
9 W.G. Oliver
10 W. G. OLIVER

11
12
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

STATE FILE NUMBER		STATE OF CALIFORNIA				LOCAL REGISTRATION OFFICER 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/SISPANIC	6. DATE OF BIRTH	7. AGE	8. UNDER 1 YEAR	9. UNDER 24 HOURS		
	female	Cauc	NO	July 25, 1913	72 YEARS	MONTHS	DATE	HOURS	MINUTES
USUAL RESIDENCE	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				
	11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATE 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				
PLACE OF DEATH	15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER IF SELF-EMPLOYED, GO STATE	18. KIND OF INDUSTRY OR BUSINESS				
	Housewife		48	Self employed	Home making				
	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.	19C. CITY OR TOWN			
	Zaca Ranch Foxen Cyn Rd				- - -	Los Olivos			
CAUSE OF DEATH	19D. COUNTY		19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
	Santa Barbara		CA	William G Oliver, Husband Zaca Ranch P O Box 545 Los Olivos, CA 93441					
	21A. PLACE OF DEATH		21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)					
	(home)		Santa Barbara						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
Zaca Ranch Foxen Cyn Rd		Los Olivos							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 23 OR 23A TYPE OF OPERATION		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?	26. WAS AUTOPSY PERFORMED?
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		Hypertension, C.V.D.		None		No		No	No
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		28D. PHYSICIAN'S LICENSE NUMBER			
11/14/83		Robert Gottesman, MD		6/23/86		G26988			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
35A. I CERTIFY THAT DEATH DECLARED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HAD AN INQUIRY—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, M.D.		JUN 23 1986			
STATE REGISTRAR		A.	B.	C.	D.	E.	F.		

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. JB

RECORDED AT REQUEST OF
W. G. Oliver
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86 SEP 17 P 2: 43

OFFICIAL RECORDS
FUREKA COUNTY, NEVADA
P.M. NEBALEAH 104754
FILE NO. 7.90