

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 April 18, 1985, wherein
Ronald Perry and Clarice Perry, husband and wife, were Grantors,
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 Diamond Valley, County of Eureka, State
of Nevada, and more particularly described as follows, to-wit:

Portion of Lot 7, Section 21, Township 20 North,
Range 53 East, M.D.B. & M. described as follows:

Beginning at the Southwest corner of Lot 7, Section
21, Township 20 North, Range 53 East, M.D.B. & M.,
thence North 00° 25' 15" West, 602.46 feet, thence
North 89° 16' 20" East, 262.09 feet, thence South
19° 02' 51" East, 634.59 feet along the West right-
of-way line of State Route 278, thence South 89° 16'
09" West, 464.78 feet to the point of beginning and
containing 5.026 acres more or less of Lot 7, Section
21, Township 20 North, Range 53 East, M.D.B. & M.

That said Deed was recorded on April 18, 1935, in Book
134, Pages 589-590, File No. 98710, 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

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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.

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

11
12 SUBSCRIBED and SWORN to before me
13 this 17th day of September, 1986.

14 Shirley Allison
15 NOTARY PUBLIC



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STATE FILL NUMBER		STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
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/SPANISH	6. DATE OF BIRTH	7. AGE	8. UNDER 1 YEAR
female		Cauc	NO	July 25, 1913	72 YEARS	9. UNDER 24 HOURS
DECEDENT PERSONAL DATA		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
11A. CHILD OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		12. MARITAL STATUS
U S A		19 NO. TO 19				married
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER IF SELF-EMPLOYED, SO STATE		16. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME
Housewife		48		Self employed		William G Oliver
17A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		17B.		18. KIND OF INDUSTRY OR BUSINESS		
Zaca Ranch Foxen Cyn Rd		---		Home making		
19A. COUNTY		19B. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
Santa Barbara		CA		William G Oliver, Husband		
21A. PLACE OF DEATH		21B. COUNTY		Zaca Ranch P O Box 545		
(home)		Santa Barbara		Los Olivos, CA 93441		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN				
Zaca Ranch Foxen Cyn Rd		Los Olivos				
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS DEATH REPORTED TO CORONER?		24. WAS DEATH REPORTED TO CORONER?		
IMMEDIATE CAUSE		No		No		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		25. WASopsy PERFORMED?		26. WAS AUTOPSY PERFORMED?		
(A) Cardiorespiratory Arrest		No		No		
(B) metastatic carcinoma		No		No		
(C)		No		No		
27. OTHER SIGNIFICANT CONDITION—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		None		
Hypertension, C.O.P.D.						
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		6/23/86		G26988
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		29. EMPLOYER'S LICENSE NUMBER AND SIGNATURE				
Robert Gottesman, MD Railway Ave Los Olivos, CA		not embalmed				
29. SPECIFIC 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 OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST- 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—SIGNATURE		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 20 1986

Lawrence Hart, M.D.

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

OFFICIAL RECORDS
FURENA COUNTY, NEVADA
P.A. RECALEAN
FILE NO. 104795