

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 October 27, 1976, wherein
Earl Oliver and Paula Oliver, 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 the Town of Eureka, County of Eureka,
State of Nevada, and more particularly described as follows, to-
wit:

LOTS 6, 7, 8 and 9 in BLOCK 24 of the Town of
Eureka, Nevada.

TOGETHER with the tenements, hereditaments and
appurtenances thereunto belonging or appertain-
ing, and the reversion and reversions, remainder
and remainders, rents, issues, and profits
thereof.

That said Deed was recorded on November 2, 1976, in Book
57, Pages 195-196, File No. 62395, 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
identical person named as THELMA J. OLIVER in that Certificate of

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

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

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

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

14 Shirley Allison
15 NOTARY PUBLIC



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- 2 and last -

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STATE OF CALIFORNIA									
STATE FILE 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/USPANG		6. DATE OF BIRTH		7. AGE	8. IF UNDER 1 YEAR
female		Cauc		NO		July 25, 1913		72	MONTHS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER							
KS		Howard L Rogers - MO							
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 OF WIFE, ENTER BIRTH NAME	
U S A		19 DO TO 19				married		William G Oliver	
15. PRIMARY 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.		19C. CITY OR TOWN	
Zaca Ranch Foxen Cyn Rd						-		Los Olivos	
19D. COUNTY						19E. 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)									
IMMEDIATE CAUSE									
(A) <u>Cardiorespiratory Arrest</u>									
DUE TO, OR AS A CONSEQUENCE OF									
(B) <u>metastatic carcinoma</u>									
DUE TO, OR AS A CONSEQUENCE OF									
(C)									
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A									
<u>Hypertension, C.O.P.D.</u>									
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION									
None									
24. WAS DEATH REPORTED TO CORONER?									
No									
25. WASopsy PERFORMED?									
No									
26. WAS AUTOPSY PERFORMED?									
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									
28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
28F. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)									
11/14/83 6/4/86									
Robert Gottesman, MD Railway Ave Los Olivos, CA									
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 OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE 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'S SIGNATURE									
42. DATE ACCEPTED BY LOCAL REGISTRAR									
Loper Funeral Chapel 1294 Lawrence H. H. 2 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 24 1986

Lawrence H. H. M.D.

RECORDED AT REQUEST OF
W.G. Oliver

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86 SEP 17 P 2: 43

OFFICIAL RECORDS
FUREKA COUNTY, NEVADA
H.M. REGALEAN, REC'D
FEE \$ 1.00

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