

Attibavit-Determination of Joint Tenancy
(Death of a Joint Tenant)

I, Stephen Ronald Cloud being of legal age, and being first duly sworn, deposes and says:

That RONALD VASKEN CLOUD, the decedent

(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as

RONALD V. CLOUD

(Deceased Name as shown on Deed)

named as one of the parties in that certain

QUITCLAIM DEED

(Type of Document)

dated on the 23rd day of June, 1981, and executed by

Kenneth L. Cox, and Geraldine Cox

, known as "Grantor(s)"

Ronald V. Cloud and Jessman Cloud

, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 80866

, on the

23rd day of June, 1981, in book 95 pg 497

, of Official

Records of Eureka

County, Nevada, covering the following described property situated in the City of

Eureka, County of Eureka, State of Nevada.

(Set forth legal description and commonly known street address, if known)

Township 21 North, Range 53 East, M.D.B. & M.

Section 11: West one-half

Section 14: ALL

Section 23: North one-half

EXCEPTION THEREFROM all oil and gas as received in Patents executed

by the United States of America, recorded July 16, 1962, in Book 26

of Deeds, at Pages 241, 242, and 239 and recorded May 1, 1962 in

Book 26 of Deeds at Page 209, Eureka County, Nevada, Records.

Exhibit "A" attached hereto and made a part hereof.

ASSESSOR'S PARCEL NO. (APN#) 7-210-04

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 400,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 26 day of April, 1995

(Signature)

Stephen Ronald Cloud
(Signature)

Stephen Ronald Cloud (Attorney for the estate of Ronald V. Cloud)
(Print or type name here)

STATE OF NEVADA

COUNTY OF

)

)

)

On this _____ day of _____, 19____ personally appeared before me, a Notary Public

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he _____ executed the instrument.

(Notary Public)

(Notary Stamp)

Nevada Legal Forms, Inc. (702) 870-8977 • Affidavit: Death of Joint Tenant • AFF 111 G
C 1991 • rv 930512 • 14 • 20 pk CAUTION: If the ink on this form is BROWN it is an original.
Material may not be reproduced in whole or in part in any form whatsoever.
Consult an attorney if you doubt this form fits for your purpose.

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

NAME Stephen R. Cloud as Trustee
ADDRESS under the Jasmine Cloud
CITY/ST/ZIP Revocable Living Trust
Fresno, CA.

If applicable mail tax statements to
Fresno, CA. 93703

NAME STEVE CLOUD
ADDRESS ATTORNEY AT LAW
CITY/ST/ZIP P.O. Box 6078
Fresno, CA. 93703

RECORDING REQUESTED BY AND MAIL TO

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of Alameda

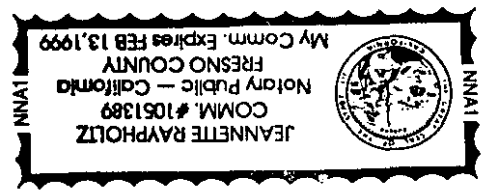
On 4-26-95 before me, Jeanette R. Raypholtz

Name and Title of Officer (e.g., "Jane Doe, Notary Public")
Date personally appeared Stephen R. Clark
Name(s) of Signer(s)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s)

whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Jeanette Raypholtz
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment - termination of joint tenancy
Document Date: 4-26-95
Number of Pages: 1

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: Stephen R. Clark

- Individual
- Corporate Officer
- Title(s):
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other:

Signer is Representing: U. Clark

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

- Individual
- Corporate Officer
- Title(s):
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other:

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

COUNTY OF FRESNO

DEPARTMENT OF HEALTH

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

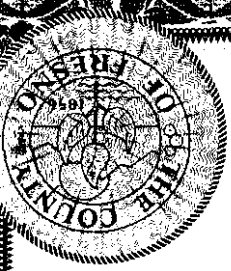
393100 00878

1A. NAME OF DECEASED—FIRST (GIVEN)	Ronald	1B. MIDDLE	Vasken
1C. LAST (FAMILY)	Cloud	2A. DATE OF DEATH—MO., DAY, YR.	Febuary 26, 1993
3. SEX	M	2B. HOUR	2256
4. RACE	White	6. DATE OF BIRTH—MO., DAY, YR.	Sept. 10, 1918
5. HISPANIC—SPECIFY		7. AGE IN YEARS	74
8. STATE OF BIRTH	CA	10A. FULL NAME OF FATHER	John H. Cloud
9. CITIZEN OF WHAT COUNTRY	USA	10B. STATE OF BIRTH	Armenia
12. MILITARY SERVICE		11A. FULL MAIDEN NAME OF MOTHER	Archalos Potkian
13. SOCIAL SECURITY NO.		11B. STATE OF BIRTH	Armenia
14. MARITAL STATUS	Married	15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME	Jasmine Garabedian
16. USUAL KIND OF BUSINESS OR INDUSTRY	Wholesale Distributing	16. USUAL OCCUPATION	Owner & Proprietor
17. USUAL EMPLOYER	Fresno Distributors	17. EDUCATION—YEARS COMPLETED	17

18A. RESIDENCE—STREET AND NUMBER ON LOCATION	6491 N. Van Ness	18B. CITY	Fresno
18C. ZIP CODE	93711	19. NUMBER OF YEARS IN THIS COUNTY	74
19A. PLACE OF DEATH	Fresno	19B. STATE ON FOREIGN COUNTRY	California
19C. COUNTY	California	20. NAME, RELATIONSHIP, MARRIAGE ADDRESS AND ZIP CODE OF INFORMANT	Steve Cloud, son 1457 Columbia Dr. East Fresno, California 93727
19D. STREET ADDRESS—STREET AND NUMBER ON LOCATION	1303 East Herndon Avenue	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	Fresno
22. WAS DEATH REPORTED TO CORONER BETWEEN ONSET AND DEATH	<input checked="" type="checkbox"/> YES	23. WAS BOWEN PERFORMED	<input checked="" type="checkbox"/> YES
24. WAS AUTOPSY PERFORMED	<input checked="" type="checkbox"/> YES	25. WAS IT USED IN DETERMINING CAUSE OF DEATH	<input checked="" type="checkbox"/> YES
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	Chronic obstructive pulmonary disease		
27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	Craniotomy 2-24-93		

27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE	MAY 1993	27B. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	George Tomer
27C. CERTIFIER'S LICENSE NUMBER	2-24-93	27D. DATE SIGNED	3-1-93
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	DEPUTY CORONER		
28B. DATE SIGNED	3-1-93		
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	Private residence		
30A. PLACE OF INJURY	Private residence		
30B. INJURY AT WORK	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
30C. DATE OF INJURY	2-24-93		
30D. HOUR	Dnk.		
31. HOUR	Dnk.		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	6491 North Van Ness, Fresno		
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	Fell at residence, same level		
34C. DATE MO., DAY, YR.	03 03 93		
34D. SIGNATURE OF EXAMINER	[Signature]		
35A. SIGNATURE OF EXAMINER	[Signature]		
35B. LICENSE NO.	5237		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Lisle Funeral Home		
36B. LICENSE NO.	FD-176		
37. SIGNATURE OF LOCAL REGISTRAR	[Signature]		
38. REGISTRATION DATE	3-29-93		
39. CENSUS TRACT	[Blank]		

39A. NAME OF FUNERAL HOME	Lisle Funeral Home	39B. LICENSE NO.	FD-176
39C. REGISTRATION DATE	3-29-93		
39D. CENSUS TRACT	[Blank]		



COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

[Signature]

DATE ISSUED
APR 01 1993

COUNTY OF FRESNO

STATE OF CALIFORNIA

119849

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This copy not valid unless prepared by the Registrar of Vital Statistics and signed by the Registrar of Health.

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, FRESNO CO. DEPARTMENT OF HEALTH.

Book 202 Mof 4, 84

BOOK 282 PAGE 495

COPY

157884

EUREKA COUNTY NEVADA
M.N. REBAL EATI, RECORDER
FILE NO. FEES 10.00

BOOK 282 PAGE 492
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Steven N. Cloud
95 MAY - 1 PM 1:54