

## Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

I, Richard J Greerking Sr, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That Norene J Greerking, the decedent  
(Decedent Name as shown on Death Certificate)

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

Norene J. Greerking Deceased May 29<sup>th</sup> 1996  
(Decedent Name as shown on Deed)

named as one of the parties in that certain Deed Joint Tenancy  
(Type of Document)

dated on the Aug 25 day of 1996, 19 96, and executed by \_\_\_\_\_,  
known as "Grantor(s)"

to \_\_\_\_\_, known  
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 67937, on the  
March 8<sup>th</sup> day of 8 March, 19 79, in book 69 Page 316, of Official  
Records of Washoe & Eureka County, Nevada, covering the following described property situated in the City of  
Crescent Valley, County of Washoe, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

Township 29 North, Range 48 East, M.D.B. & M.

Section 1; NW 1/4 SE 1/4 NE 1/4 11.32 ACRES

A.P.N. 05-420-27

ASSESSOR'S PARCEL NO. (APN#) \_\_\_\_\_

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 \$ NOT AVAILABLE

In Witness Whereof, I/We have hereunto set my hand/our hands this 4 day of Oct, 19 96

Fred Richard Greerking  
(Signature)

FRED RICHARD FREERKING  
(Print or type name here)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name here)

STATE OF ~~NEVADA~~ WISCONSIN }  
COUNTY OF JUNEAU }

On this 4th day of October, 19 96  
personally appeared before me, a Notary Public

Fred Richard Freerking

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

Marilyn J. Bean  
(Notary Public)

SEAL  
Affixed

(Notary Stamp)

## RECORDING REQUESTED BY AND MAIL TO

NAME FRED RICHARD FREERKING  
ADDRESS N 5540 HWY 80  
CITY/ST/ZIP NEW LISBON, WIS 53950

If applicable mail tax statements to

NAME FRED FREERKING  
ADDRESS N 5540 HWY 80  
CITY/ST/ZIP NEW LISBON, WI 53950

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO.  
D 102-

ORIGINAL  
STATE  
COPY

NAME OF DECEASED A. FIRST NORENE		B. MIDDLE JUNE		C. LAST FREERKING		SEX 2. FEMALE	DATE OF DEATH 3. MAY 29, 1996	
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: WHITE		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO		
PLACE OF DEATH A. COUNTY PIMA		B. TOWN OR CITY TUCSON		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) COLUMBIA NORTHWEST HOSPITAL			D. <input type="checkbox"/> DOA <input type="checkbox"/> OF EMER. <input checked="" type="checkbox"/> IN PATIENT	
DATE OF BIRTH MONTH DAY YEAR JUNE 26, 1924		AGE (YEARS LAST BIRTHDAY) 71	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. FREDRICK FREERKING	
STATE AND CITY OF BIRTH (If not in USA, name country) 11. EDWARDS, ILLINOIS		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. HOMEMAKER		KIND OF BUSINESS OR INDUSTRY B. HOME
USUAL RESIDENCE 15. ARIZONA		B. COUNTY PINAL		C. TOWN OR CITY ARIZONA CITY		D. ZIP CODE 85223		HOW LONG IN ARIZONA? 16. 20 YEARS
STREET ADDRESS OR R.F.D. 15E. 9458 W. SANTA CRUZ		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. NO		ON RESERVATION (SPECIFY Yes or No) 15G. NO		PREVIOUS STATE OF RESIDENCE 18. WISCONSIN		EDUCATION HIGHEST GRADE COMPLETED 17. ELEMENTARY-SECONDARY (0-12) A. 12 COLLEGE (14 or 5+) B.
FATHER'S NAME A. FIRST EVERETT		B. MIDDLE -		C. LAST DALEY		MOTHER'S MAIDEN NAME A. FIRST EMMA		B. MIDDLE -
INFORMANT'S SIGNATURE 21. SCOTT FREERKING		RELATIONSHIP TO DECEASED 22. SON		ADDRESS 23. 2198 N. OVERFIELD RD. CASA GRANDE		CITY AND STATE 85222		ZIP CODE 85222
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION		DATE 25. 5-31-96		CEMETERY OR CREMATORY - NAME/LOCATION 26. SERENITY CREMATORY ARIZONA		EMBALMER'S SIGNATURE 27A. [Signature]		CERT. NO. B.
FUNERAL HOME 28. COLE & MAUD MORTUARY		NAME 215 S. WASHINGTON		CITY AND STATE ARIZONA		FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29A. [Signature]		CERT. NO. B. 391A
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE [Signature] DATE SIGNED (Mo., Day, Year) 31. 5/30/96		HOUR OF DEATH 32. 1925		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. AND TITLE: [Signature] DATE SIGNED (Mo., Day, Year) 35. [Signature]		HOUR OF DEATH 36.		PRONOUNCED DEAD (Hour) 37. ON [Signature]
NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER, OR OTHER AUTHORITY (Type or Print) 39. Richard K. Rosenberg M.D. Tucson, Az.		AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. [Signature]		DATE RECD. IN STATE OFFICE 46.		
DATE REGISTERED JUN 10, 1996		REG. FILE NO. 43. 3367		REGISTRAR'S SIGNATURE 44. [Signature]		REG. DISTRICT 45. 10 04		
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.		A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Cardiopulmonary Arrest B. DUE TO OR AS A CONSEQUENCE OF: Lymphoma C. DUE TO OR AS A CONSEQUENCE OF: Sepsis						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 48. obstructive Lung Disease						AUTOPSY (Specify Yes or No) 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR HOUR 52. 53. M 54.		INJURY AT WORK? (Specify Yes or No) 55.		DESCRIBE HOW INJURY OCCURRED		
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.		WHERE LOCATED? 57.		STREET ADDRESS		CITY OR TOWN		STATE
SUPPLEMENTARY ENTRIES 58.								

STATE OF ARIZONA  
COUNTY OF PIMA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

JUNE 12, 1996

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Book 301 Page 219 A

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

Audrey Opulski, M.D.  
County Registrar  
Pima County Health Department

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 301 PAGE 219  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Ired Greerking*  
96 OCT -8 AM 9:09

EUREKA COUNTY NEVADA  
H.N. REBALEATI, RECORDER  
FILE NO. FEES 9.00

**164693**

COPY

Book 301 Page 219B