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AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

WILLIAM L. WALKER, being first duly sworn, deposes and says as follows:

1. That your Affiant was the husband of JUNE L. WALKER, deceased; that said JUNE L. WALKER died on August 16, 1982 as evidenced by the certified copy of the Certificate of Death attached hereto and incorporated herein as Exhibit "A"; that said JUNE L. WALKER is named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 12, 1979, executed by JAMES M. WOOD and L. NANCY WOOD to WILLIAM L. WALKER and JUNE L. WALKER, husband and wife, as joint tenants, recorded as instrument number 37787 on October 17, 1979, in Book 1079, Page 1344 of the Official Records of Douglas County, State of Nevada, concerning the real property situated in the County of Douglas, State of Nevada and described as follows:

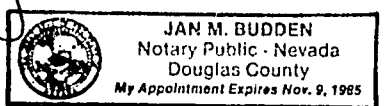
Lot 6, as shown on the map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965.

DATED this 2nd day of November, 1982.

William L. Walker
WILLIAM L. WALKER

On the 2nd day of November, 1982, personally appeared before me, a Notary Public, WILLIAM L. WALKER, who acknowledged that he executed the above instrument freely and voluntarily.

J. M. Budden
NOTARY PUBLIC



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME First Middle Last Louisa June WALKER	2 DATE OF DEATH (Month, Day, Year) August 16, 1982
DECEDENT	3a CITY, TOWN, OR LOCATION OF DEATH Carson City	3b COUNTY OF DEATH Carson City
# DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	4 RACE—(a) g. White, Black, American Indian, etc. (Specify) White	5 ETHNIC American
6 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	6a AGE—Last Birthday (Years) 65.70	6b UNDER 1 YEAR MOS : DAYS 6c. : 6d. :
7 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	7a UNDER 1 DAY HOURS : MIN 7b. : 7c. :	8 DATE OF BIRTH (Mo., Day, Yr.) October 11, 1911
8 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	9 STATE OF BIRTH (If not U.S.A., name country) Kansas	10 SEX Female
9 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	10a CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
10 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	11a SOCIAL SECURITY NUMBER 7847-A	11b SURVIVING SPOUSE (If wife, give maiden name) William L. Walker
11 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	12a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Housewife	12b WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
12 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	13a RESIDENCE—STATE Nevada	13b COUNTY Douglas
13 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	13c CITY, TOWN, OR LOCATION Gardnerville	13d STREET AND NUMBER 1319 Toler Lane
14 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	14a INSIDE CITY LIMITS (Specify Yes or No) Yes	14b INSIDE CITY LIMITS (Specify Yes or No) Yes
15 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	15a FATHER—NAME First Middle Last James N. Gorton	15b MOTHER—MAIDEN NAME First Middle Last Maud May Stewart
16 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	16a INFORMANT—NAME (Type or Print) William Walker	16b MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 603 Gardnerville, Nevada 89410
17 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	17a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	17b CEMETERY OR CREMATORY—NAME Sierra Crematory
18 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	17c LOCATION City or Town State Reno Nevada	17d NAME AND ADDRESS OF FACILITY Waltons Funeral Home P.O. Box 1056 Carson City, Nevada 89702
19 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	20a 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>John H. Carr, M.D.</i>	20b 21b DATE SIGNED (Mo., Day, Yr.) Y-17-82
20 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	20c 21c HOUR OF DEATH 1715	20d 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Rex T. Baggett (MD) 710 West Washington, Carson City, Nevada 89701
21 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	22a 22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>John H. Carr, M.D.</i>	22b 22b DATE SIGNED (Mo., Day, Yr.) Y-17-82
22 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	22c 22c HOUR OF DEATH 1715	22d 22d PRONOUNCED DEAD (Mo., Day, Yr.) ON
23 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	22e 22e AT	22f 22f PRONOUNCED DEAD (Hour) AT
24 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Rex T. Baggett (MD) 710 West Washington, Carson City, Nevada 89701	23a 23a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 18, 1982
25 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	23b 23b DEATH DUE TO COMMUNICABLE DISEASE NO	23c 23c REGISTERAR (Signature) <i>Luz M. Douglas</i>
26 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	24a 24a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Coronary heart failure	24b 24b INTERVAL BETWEEN ONSET AND DEATH
27 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	24c 24c DUE TO, OR AS A CONSEQUENCE OF Rheumatic heart disease	24d 24d INTERVAL BETWEEN ONSET AND DEATH
28 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	24e 24e OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) None	24f 24f INTERVAL BETWEEN ONSET AND DEATH
29 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25a 25a AUTOPSY (Specify Yes or No) Yes	25b 25b WAS CASE REFERRED TO CORONER (Specify Yes or No) NO
30 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25c 25c AGE, SEX, HGT., WGT., OR PENDING INVEST (Specify) 65.70 F 5'00" 120	25d 25d DATE OF INJURY (Mo., Day, Yr.) August 16, 1982
31 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25e 25e HOURS OF INJURY M 28d	25f 25f DESCRIBE HOW INJURY OCCURRED
32 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25g 25g PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home	25h 25h LOCATION Carson City
33 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25i 25i STREET OR R.F.D. No. 1319 Toler Lane	25j 25j CITY OR TOWN Carson City
34 DEATH CERTIFICATE IS SUBJECT TO REVISION. REPORTING COMPLETION OF MISSING ITEMS	25k 25k STATE Nevada	25l 25l INJURY AT WORK (Specify Yes or No) No

This is to certify that the above is a true and correct copy of the certificate on file in this office.

VITAL RECORDS

Date Issued: **AUG 23 1982**

SEAL
John H. Carr, M.D. No 40948
John H. Carr, M.D.
STATE REGISTRAR

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063344

REQUESTED BY
Brent Helbert
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5.00 pd.
1982 NOV 29 PM 4:32

SUZANNE F. ANDREAU
RECORLER
Carol J. Eubank 73552
dep.
LIBER 1182 PAGE 1310

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AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

WILLIAM L. WALKER, being first duly sworn, deposes and says as follows:

1. That your Affiant was the husband of JUNE L. WALKER, deceased; that said JUNE L. WALKER died on August 16, 1982 as evidenced by the certified copy of the Certificate of Death attached hereto and incorporated herein as Exhibit "A"; that said JUNE L. WALKER is named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 12, 1979, executed by JAMES M. WOOD and L. NANCY WOOD to WILLIAM L. WALKER and JUNE L. WALKER, husband and wife, as joint tenants, recorded as instrument number 37787 on October 17, 1979, in Book 1079, Page 1344 of the Official Records of Douglas County, State of Nevada, concerning the real property situated in the County of Douglas, State of Nevada and described as follows:


Lot 6, as shown on the map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965.

DATED this 2nd day of November, 1982.

William L. Walker
WILLIAM L. WALKER

On the 2nd day of November, 1982, personally appeared before me, a Notary Public, WILLIAM L. WALKER, who acknowledged that he executed the above instrument freely and voluntarily.

J. M. Budden
NOTARY PUBLIC

 JAN M. BUDDEN
Notary Public - Nevada
Douglas County
My Appointment Expires Nov. 9, 1985

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME First Middle Last Louisa June WALKER	2 DATE OF DEATH (Month, Day, Year) August 16, 1982
DECEDENT	3a CITY, TOWN, OR LOCATION OF DEATH Carson City	3b COUNTY OF DEATH Carson City
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	4a RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	4b ETHNIC American
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	5a AGE—Last Birthday (Years) 65.70	5b UNDER 1 YEAR MOS : DAYS 5c. : 5d. :
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	6a STATE OF BIRTH (If not U.S.A., name country) Kansas	6b CITIZEN OF WHAT COUNTRY U.S.A.
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	7a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7b SURVIVING SPOUSE (If wife, give maiden name) William L. Walker
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	8a SOCIAL SECURITY NUMBER 7847-A	8b USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Housewife
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	9a RESIDENCE—STATE Nevada	9b COUNTY Douglas
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	10a CITY, TOWN, OR LOCATION Douglas	10b STREET AND NUMBER 1319 Toler Lane
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	11a FATHER—NAME First Middle Last James N. Gorton	11b MOTHER—MAIDEN NAME First Middle Last Maud May Stewart
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	12a INFORMANT—NAME (Type or Print) William Walker	12b MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 603 Gardnerville, Nevada 89410
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	13a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	13b CEMETERY OR CREMATORY—NAME Sierra Crematory
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	14a FURNERAL DIRECTION—SIGNATURE (If Person Acting as Such) <i>William P. Mill</i>	14b NAME AND ADDRESS OF FACILITY Waltons Funeral Home P.O. Box 1056 Carson City, Nevada 89702
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>Greg Baggett</i>	22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>John H. Carr</i>
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	21b DATE SIGNED (Mo., Day, Yr.) Y-17-82	21c HOUR OF DEATH 1715
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Rex T. Baggett (MD) 710 West Washington, Carson City, Nevada 89701	23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 18, 1982
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	24a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Coronary heart failure	24b DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	25a PART I (a) DUE TO, OR AS A CONSEQUENCE OF Rheumatic heart disease	Interval between onset and death
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	25b PART I (b) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	25c PART I (c) DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	26a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	26b AUTOPSY (Specify Yes or No) Yes
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	26c WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	27a AGE, SEX, HONORABLE, OR PENDING INVEST (Specify) 65.70	27b DATE OF INJURY (Mo., Day, Yr.)
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	27c HOUR OF INJURY	27d DESCRIBE HOW INJURY OCCURRED
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	27e INJURY AT WORK (Specify Yes or No)	27f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	27g LOCATION	27h STREET OR R.F.D. No.
# DEATH CERTIFICATE IS SUBJECT TO REVISIONS WITHOUT NOTICE	27i CITY OR TOWN	27j STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.

VITAL RECORDS

Date Issued: **AUG 23 1982**

SEAL
John H. Carr, M.D. No 40948
John H. Carr, M.D.
STATE REGISTRAR

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Brent Helbert
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1982 NOV 29 PM 4:32

SUZANNE F. ANDREAU
RECORLER
Carol J. Eubank 73552
dep.
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