

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF ~~NEVADA~~ CALIFORNIA)
 : ss.
County of SANTA CLARA)

MARY BELL EMERSON, being first duly sworn, deposes and says:

Affiant was the wife of WILLIAM EMERSON, a joint grantee in a deed dated January 30, 1980, wherein KENNETH R. CORNELL, an unmarried man were Grantors, and WILLIAM EMERSON and MARY BELL EMERSON, husband and wife, as joint tenants with right of survivorship, were grantees, conveying real property situate in Douglas County, Nevada, described as follows:

Parcel A of that certain Subdivision map entitled "Third Amended Map SUMMIT VILLAGE LOT 424", for Bruce B. Greene, et al, recorded December 28, 1978, in Book 1278 of Official Records, at page 1487, as Document No. 28533, Douglas County, Nevada, being a parcel map of Lot 424, as shown on the Amended Map of Summit Village, filed in the office of the County Recorder of Douglas County, Nevada, on January 13, 1969, as Document No. 43419.

Such deed was recorded on February 5, 1980, as Document No. 41244, Douglas County, Nevada, records.

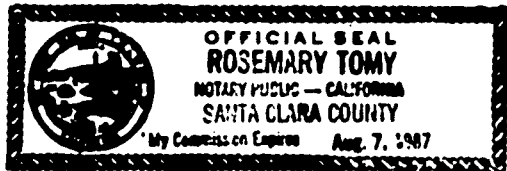
WILLIAM EMERSON died in Stateline, Douglas County, Nevada, on September 29, 1983, and is the identical person named as WILLIAM EMERSON in Certified Copy of Certificate of Death attached hereto, marked Exhibit "A", and by this reference made a part hereof.

Dated: February 8, 1984.

Mary Bell Emerson
Mary Bell Emerson

SUBSCRIBED AND SWORN to before me this 8th day of February, 1984.

Rosemary Tomy
Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. WILLIAM EMERSON	2. September 29, 1983	3a. DOUGLAS
		CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	INSIDE CITY LIMITS (Specify Yes or No)
		3b. Stateline	3c. 752 "A" Bigler Ct.	3d. NO
		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	ETHNIC	AGE—Last Birthday (Years)
		4a. White	4b. American	5a. 66
		STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
		6. Colorado	9. U.S.A.	10. Married
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	11. Mary Bell Hansen
		13. 9543	14a. Electrician	14b. Construction
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
		15a. California	15b. Santa Clara	15c. Sunnyvale
		FATHER—NAME	MOTHER—MAIDEN NAME	16d. 1326 Lillian Ave.
		16. Mary Bell Emerson	17. Anna Berquist	15e. YES
		INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
		16b. Mary Bell Emerson	18b. 1326 Lillian Ave., Sunnyvale, California 94086	
		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION—City or Town, State
		19a. Cremation	18c. Masonic Memorial Gardens	19c. Reno Nevada
		20a. Michael J. McFarlane	20b. McFarlane Mortuary, P.O. Box 8707, So. Lake Tahoe, Calif. 95731	
		21a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.	22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated.	
		DATE TAPEDED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
		21b. 9-29-83	21c. 0830	22b. 9-29-83
		NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)	22c. 9-29-83	22d. AT 0830
		21d. STEVE KIBBE, P.O. Box 607, Zephyr Cove, Nevada 89448		
		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
		24a. Steve Kibbe	24b. 9-29-83	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		25. CARDIAC ARREST		Interval between onset and death: Immediate
		PART I (a) DOE TO, OR AS A CONSEQUENCE OF		Interval between onset and death:
		(b) DOE TO, OR AS A CONSEQUENCE OF		Interval between onset and death:
		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).	AUTOPSY: (Specify Yes or No)	27. YES
		26. NO		
		ALL SUICIDE, HOMICIDE, OR PENDING INQUEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
		28a. NO	28b. 9-29-83	28c. 0830
		INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
		28e. NO	28f. 1326 Lillian Ave.	28g. Sunnyvale

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: **OCT 10 1983**

William L. May 39958
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT A

COPY

REQUESTED BY

Hale, Lou Beck, et al

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$7.00 ph

1984 MAR 19 PM 12: 14

SUZANNE BEAUDREAU
RECORDER

Betty Nesselton
Dep

098383

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