

That the said Not Applicable,
one of the Beneficiaries on the Deed of Trust, died on the
Not Applicable day of _____, in _____ County,
State of _____, and is the identical person named in that
Certificate of Death.

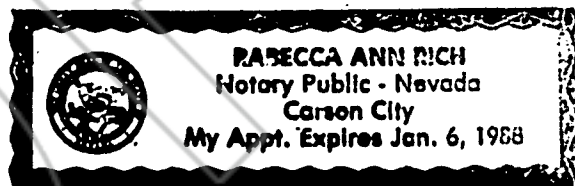
That all interest in and to said Deed of Trust on real property,
hereinabove described, Beneficiary being vested absolutely in
affiant namely, Not Applicable,
as of the date of decedent's death.

Dean H. Felch
Dean H. Felch

SUBSCRIBED and SWORN TO Before Me

this 3rd day of August, 1984

Rebecca Ann Rich
Rebecca Ann Rich - Notary Public



NOTARY PUBLIC

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89710

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER			
DECEASED — NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1 Arlene Inez FELCH		2 July 5, 1978		3a Carson City	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		3b (If not in hospital) (Specify)	
3b Carson City		3c Carson Tahoe Hospital		3b Inpatient	
4a RACE—(eg. White, Black, American Indian, etc.) (Specify)	4b ETHNIC	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR HOURS : DAYS	5c UNDER 1 DAY HOURS : MINUTES	6 DATE OF BIRTH (Mo., Day, Year)
4a White	4b American	5a 59		5c	6 March 30, 1919
7 STATE OF BIRTH (If not U.S.A., name country)	8 CITIZEN OF WHAT COUNTRY	9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	10 SURVIVING SPOUSE (If wife, give maiden name)	11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
7 Washington	8 U.S.A.	9 Married	10 Dean H. Felch	11 No	
12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b KIND OF BUSINESS OR INDUSTRY		14 9-14-78	
12 -0951	13a Beautician	13b Cosmology			
15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER	15e RESIDE CITY LIMITS (Specify Yes or No)	
15a Nevada	15b Douglas	15c Wellington	15d 1530 Pearl Dr. T.R.E.	15e No	
16 FATHER—NAME First Middle Last		17 MOTHER—MAIDEN NAME First Middle Last			
16 George Lester CLaar		17 Anna May KAUFFMAN			
18a INFORMANT—NAME (Type or Print)		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a Mr. Dean Felch		18b 1530 Pearl Drive T.R.E. Wellington, Nevada 89444			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b CEMETERY OR CREMATORY—NAME		19c LOCATION City or Town State	
19a Cremation		19b Mt. View Crematory		19c Reno, Nevada	
20a FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		20b NAME AND ADDRESS OF FACILITY			
20a <i>William P. ...</i>		20b Walton Funeral Home 1281 N Rook St Carson City, Nevada 89701			
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)		21c HOUR OF DEATH		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)	
21a <i>Phil M. Aldrich M.D.</i>		21c 2:00 a.m.		22a <i>Phil M. Aldrich M.D.</i>	
21b DATE SIGNED (Mo., Day, Year)		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo., Day, Year)	
21b 5 July 78		21d SAME		22b	
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)					
23 PHIL M. ALDRICH M.D., 1001 N. MOUNTAIN, CARSON CITY, NEV. 89701					
24a (Signature)		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			
24a <i>Edward ... State Deputy</i>		24b July 7, 1978			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
25 EXTREME MALNUTRITION + PROTEIN DEPLETION : Wks.					
25 ADENOCARCINOMA - DIFFUSELY METASTATIC : Mos.					
25 DIABETES MELLITUS					
26 INJURY AT WORK (Specify Yes or No)		27 DATE OF INJURY (Mo., Day, Year)	28a HOUR OF INJURY	28b DESCRIBE HOW INJURY OCCURRED	
26 No		27	28a	28b	
29a INJURY AT WORK (Specify Yes or No)		29b PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	29c LOCATION	29d STREET OR R.F.D. No.	29e CITY OR TOWN STATE
29a		29b	29c	29d	29e

N# 004332

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

Date Issued: **OCT 2 1978**

NOT VALID WITHOUT THE
RAISED SEAL OF THE NEVADA
DIVISION OF HEALTH

Jack Homeyer
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics

By: *ak*

SEAL

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DOUGLAS COUNTY TITLE

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At *44* Min. Past *12 P.M*
Official Records of

Douglas County, Nevada
Suzanne Beaudreau Recorder

By *Diana Slater*
clp

104519

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