

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Mr. George W. Daniell
STREET ADDRESS Box 452
CITY, STATE, ZIP Salt Flat, Texas 79847

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of DOUGLAS

} ss.

George W. Daniell, of legal age, being first duly sworn, deposes and says:
That Dayse Dawson (aka) Babe Daniell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Babe D. Daniell named as one of the parties in that certain Joint Tenancy Deed dated May 30, 1973, executed by Investments Associates, Inc. to GEORGE W. DANIELL and BABE D. DANIELL, Husband and wife as Joint Tenants as joint tenants, recorded as Instrument No. 67463, on July 11, 1973, in book 773, page , of Official Records of Douglas County, Nevada, covering the following described property situated in the unincorporated Nevada County of Douglas, State of Nevada

Lot 125, as shown on the map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971.

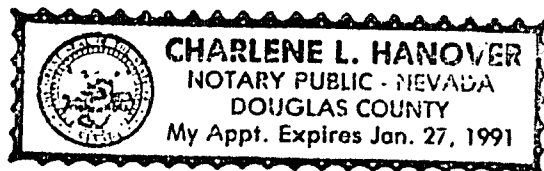
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated ..September 3, 1987.....

George W. Daniell
GEORGE W. DANIELL

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this3rd..... day ofSeptember, 1987.....

Charlene L. Hanover
Notary Public in and for said County and State



(This area for official notarial seal)

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

REASONS IF ANY HOW IT GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED NAME First Middle Last 1 Dayse Dawson (aka) Babe DANIELL			DATE OF DEATH (Month, Day, Year) 2 January 28, 1983		COUNTY OF DEATH 3 Carson City
CITY, TOWN, OR LOCATION OF DEATH 3b Carson City		HOSPITAL OR OTHER INSTITUTION Name (If not other, give street and number) 3c Carson Tahoe Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d Yes	If Hosp. or Inst. indicate DOA, OP/Emer Rin Inpatient (Specify) 3e Inpatient
RACE--(e.g. White, Black, American Indian, etc) (Specify) 4a White	ETHNIC 4b American	AGE--Last Birthday (Years) 5a 73	UNDER 1 YEAR MOS : DAYS 5b :	UNDER 1 DAY HOURS : MINS 5c :	DATE OF BIRTH (Mo., Day, Yr.) 6 July 6, 1909
STATE OF BIRTH (If not U.S.A. name country) 7 Nebraska	CITIZEN OF WHAT COUNTRY 8 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 George W. Daniel		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 [REDACTED]-5670	USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Home		
RESIDENCE--STATE 15a Nevada	COUNTY 15b Douglas	CITY, TOWN, OR LOCATION 15c Gardnerville	STREET AND NUMBER 1d 281 Kings Lane	INSIDE CITY LIMITS (Specify Yes or No) 15e Yes	
FATHER NAME First Middle Last 16 Frank Dawson		MOTHER MAIDEN NAME First Middle Last 17			
INFORMANT NAME (Type or Print) 18a George Daniell		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b Box 1122 Gardnerville, Nv. 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY--NAME 19b Waltons Carson Gardens		LOCATION City or Town State 19c Carson City, Nevada	
FUNERAL DIRECTOR--SIGNATURE (Or Person Acting as Such) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b Waltons Funeral Home P.O. Box 1056 Carson City, Nv.			
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 1-31-83		21c HOUR OF DEATH 21c 2000		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) [Signature] DATE SIGNED (Mo., Day, Yr.)	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b PRONOUNCED DEAD (Mo., Day, Yr.)		22c PRONOUNCED DEAD (Hour)	
21d		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Robert L. Brown (MD) 1000 N. Division St. Carson City, Nevada 89701					
REGISTRAR 24a Signature [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b January 31, 1983		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Several days Several hours Several yrs			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 26 No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
ACC. SUICIDE, HON. UNDEF. OR PENDING INVEST 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d		
INJURY AT WORK (Specify Yes or No) 28e	PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify) 28f	LOCATION 28g	STREET OR R.F.D. No.	CITY OR TOWN	STATE

SEAL N° 40111

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

Date Issued: JAN 31 1983

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

SECURITY-COLLORIAN UNITED STATES BANKNOTE CORPORATION

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161567
BOOK 987 PAGE 396

COPY

REQUESTED BY
George Daniell
IN OFFICIAL RECORDS OF
THE STATE OF ALABAMA

'87 SEP -3 P3:26

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID *BH* DEPUTY

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