

AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada)
) ss.
County of)

ARTHUR E. PEASE being first duly sworn, deposes and says: That affiant is the surviving spouse of DOROTHY L. PEASE and that the affiant and the said DOROTHY L. PEASE, deceased, are the beneficiaries in joint tenancy with the right of survivorship under that certain Deed of Trust recorded October 18, 1967 in Book 54 and Book 73 Page 304 Document No. 38637 Official Records of Douglas County, State of Nevada, affecting the ~~following~~ ^{Page 621} described property, situate in the County of Douglas State of Nevada.

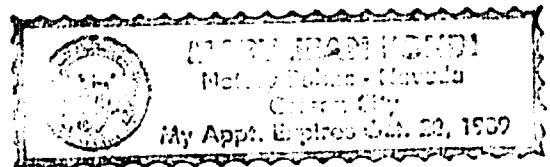
That the said DOROTHY L. PEASE, one of the joint tenants in said Deed of Trust died on the _____ day of _____ 19____ in the County of _____ State of _____

That all interest as Beneficiary in said Deed of Trust is absolutely in affiant; namely, ARTHUR E. PEASE as of the date of said decedent's death.

Arthur E. Pease
ARTHUR E. PEASE

SUBSCRIBED and SWORN to before me this 2nd day of November 1987

Mary Jean Sande
Notary Public



AFTER RECORDING MAIL TO:

ARTHUR E. PEASE
718 Jones Street
Reno, NV 89503

When embossed, and printed in purple ink, this is certified to be a true copy of the records of the San Joaquin County Recorders Office.

YVONNE UDALL, Recorder

By JAN 27 1988
N. L. Valacco Deputy

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3900 - 1633

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST Dorothy		1B. MIDDLE Lorene		1C. LAST Pease		2A. DATE OF DEATH (MONTH, DAY, YEAR) July 9, 1982		2B. HOUR 1700	
3. SEX Female	4. RACE White	5. ETHNICITY **	6. DATE OF BIRTH September 27, 1908		7. AGE 73	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Indiana			9. NAME AND BIRTHPLACE OF FATHER William Henry - Indiana			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Etta N/A - Indiana			
11. CITIZEN OF WHAT COUNTRY U.S.A.			12. SOCIAL SECURITY NUMBER -0516		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME) Emery Arthur Pease		
15. PRIMARY OCCUPATION Mail Clerk		16. NUMBER OF YEARS THIS OCCUPATION 5	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) U.S. Postal Service			18. KIND OF INDUSTRY OR BUSINESS Post Office			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 5825 Pettinger Rd.				19B. 4800 - 16		19C. CITY OR TOWN Linden			
19D. COUNTY San Joaquin				19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Emery A. Pease - Husband 5825 Pettinger Rd. Linden, CA 95236			
21A. PLACE OF DEATH Lodi Community Hospital				21B. COUNTY San Joaquin		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 800 S. Lower Sacramento Rd.			
21D. CITY OR TOWN Lodi									
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	(A) Cardiac Respiratory Arrest	(B) Refractory congestive heart failure	(C) Atherosclerotic heart disease	24. WAS DEATH REPORTED TO CORONER? NO	25. WAS BIOPSY PERFORMED? NO	26. WAS AUTOPSY PERFORMED? NO			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None								
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	28B. PHYSICIAN—SIGNATURE AND DEGREE OF TITLE Dok C Chan MD	28C. DATE SIGNED 7/12/82	28D. PHYSICIAN'S LICENSE NUMBER A035065						
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) June 81	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 7/9/82	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Pak C. Chan, Box 245 Valley Springs, Ca. 95252							
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW. I HAVE HELD AN (INQUEST INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED							
36. DISPOSITION Burial	37. DATE—MONTH DAY YEAR 7/13/82	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Holy Cross Cemetery, Colma, California	39. ENMBLIER LICENSE NUMBER AND SIGNATURE 5032 Leonard J. Messer						
40. NAME OF FUNERAL DIRECTOR (FOR PERSONS USING SUCH) Lodi Funeral Home, Inc. F627	41. LOCAL REGISTRAR SIGNATURE Jack Williams, MD	42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 12 1982							
STATE REGISTRAR	A.	B.	D.	E.	F.				

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DEPARTMENT OF REVENUE

'88 FEB -4 P3:52

SUZANNE BEAUDREAU
RECORDER

6.00 PAID Bh DEPUTY

172058

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