

AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada)
County of) ss.
)

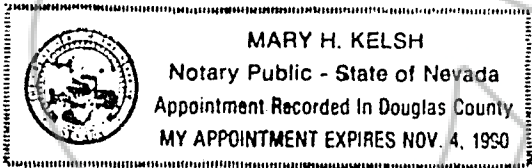
MABEL LIPPERTZ being first duly sworn, deposes and says: That affiant is the surviving spouse of WALTER LIPPERTZ and that the affiant and the said WALTER LIPPERTZ, deceased, are the beneficiaries in joint tenancy with the right of survivorship under that certain Deed of Trust recorded May 11, 1978 in Book 578 Page 730 Document No. 20560 Official Records of Douglas County, State of Nevada, affecting the following described property, situate in the County of Douglas State of Nevada.

Lot 50, as shown on the Map of TOPAZ RANCH ESTATES UNIT NO.2, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, Document No. 35464.
Assessor's Parcel no. 37-192-03

That the said WALTER LIPPERTZ, 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, WALTER LIPPERTZ as of the date of said decedent's death.

Mabel Lippertz
MABEL LIPPERTZ

SUBSCRIBED and SWORN to before me this 26th day of MAY 1988



Mary H. Kelsh
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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1 Walter LIPPERTZ			DATE OF DEATH (Month, Day, Year) 2 August 5, 1986		STATE FILE NUMBER COUNTY OF DEATH 3a Carson City								
	CITY, TOWN, OR LOCATION OF DEATH 3b Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, 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. Rm. Inpatient (Specify) 3e Inpatient							
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b American		AGE—Last Birthday (Years) 5a 75		UNDER 1 YEAR MOS : DAYS 5b		UNDER 1 DAY HOURS : MINS 5c		DATE OF BIRTH (Mo., Day, Yr.) 6 Nov. 18, 1910		SEX 7 Male	
	STATE OF BIRTH (If not U.S.A., name country) 8 Hawaii		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		SURVIVING SPOUSE (If wife, give maiden name) 11 Mabel Teves		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No					
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13 [REDACTED]-1372		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Truck Driver			KIND OF BUSINESS OR INDUSTRY 14b Transportation								
	RESIDENCE—STATE 15a Nevada		COUNTY 15b Douglas		CITY, TOWN, OR LOCATION 15c Wellington		STREET AND NUMBER 15d 3830 Sandstone Dr.		INSIDE CITY LIMITS (Specify Yes or No) 15e No					
PARENTS	FATHER—NAME First Middle Last 16 John W. LIPPERTZ			MOTHER—MAIDEN NAME First Middle Last 17 Isabelle SILVA										
	INFORMANT—NAME (Type or Print) 18a Mabel Lippertz				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 3830 Sandstone Dr. Wellington, Nevada 89444									
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial			CEMETERY OR CREMATORY—NAME 19b Smith Valley Cemetery			LOCATION City or Town State 19c Smith Valley Nevada							
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>[Signature]</i>				NAME AND ADDRESS OF FACILITY 20b Waltons Funeral Home, 1281 Roon St. Carson City, Nevada									
CERTIFIER	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>William O'Shaughnessy MD</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>[Signature]</i>									
	DATE SIGNED (Mo., Day, Yr.) 21b August 5, 1986		HOUR OF DEATH 21c 1113		DATE SIGNED (Mo., Day, Yr.) 22b		HOUR OF DEATH 22c							
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d				PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON				PRONOUNCED DEAD (Hour) 22e AT					
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 William O'Shaughnessy, MD 1532 Hwy 395, Gardnerville, Nevada 89410													
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE PRECEDING CAUSE LAST	REGISTRAR 24a (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b August 6, 1986			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) Cardiopulmonary arrest Interval between onset and death: minutes (b) Acute myocardial infarction Interval between onset and death: 3 hours (c) _____ Interval between onset and death: _____													
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II						AUTOPSY (Specify Yes or No) 26 No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No					
	ACC. SUCIDE, HCM, UNDET. OR PENDING INVEST (Specify) 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			

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800 986 22052

EXHIBIT A
VITAL RECORDS

SEAL NO 57249

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

Date Issued: **AUG 6 1986**

[Signature]
Deputy Registrar

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FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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'88 MAY 26 AM 11:22

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