

AFFIDAVIT BY SURVIVING JOINT TENANT

*copy*

STATE OF Nevada )  
COUNTY OF Douglas )

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Robert A. Bush, being first duly sworn, deposes and says:

That Affiant is the surviving Joint Tenant of Eleanor F. Bush and that the Affiant and the said Eleanor F. Bush deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 3 day of November, 1978, under the terms of which Berning Acres, a limited partnership was Seller, to Robert A. Bush and Eleanor F. Bush, husband and wife, as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded November 3, 1988, in Book 1178, Page 283, being Document No. \_\_\_\_\_, of the Official Records in Douglas County, Nevada, affecting all that certain piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

SEE "EXHIBIT A" ATTACHED HERETO AND MADE A PART HERETO BY REFERENCE FOR LEGAL DESCRIPTION (of which a portion has been conveyed out).

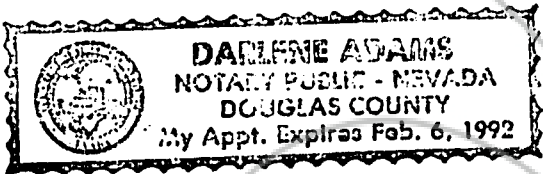
That the said ELEANOR F. BUSH, deceased, was one of the grantees in the above described Joint Tenancy Deed, died on the 10th day of July, 1988, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "B.", that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

That all interest in and to said real property, hereinabove described, vested  
absolutely in Affiant namely, Robert A. Bush  
as of the date of decedent's death.

*Robert A. Bush*  
Robert A. Bush

SUBSCRIBED AND SWORN TO Before me,  
a Notary Public this 13th day of  
July 1988

*Darlene Adams*  
NOTARY PUBLIC



RETURN TO:

Mr. Robert A. Bush  
P.O.Box 1078  
Minden, Nevada 89423

"EXHIBIT A"

LEGAL DESCRIPTION

Land  
Map

A parcel of land located in the Northwest quarter of Section 1, Township 12 North, Range 19 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Commencing at the Northwest corner of said Section 1, proceed East 2639.47 feet, along the section line, and South 28.50 feet and East 792.73 feet and South 00° 03' 00" East 811.26 feet to the TRUE POINT OF BEGINNING: thence West 456.45 feet; thence South 00° 03' 00" East 839.37 feet; thence South 89° 57' 38" East 1039.68 feet; thence North 00° 03' 00" West 833.74 feet; thence North 89° 22' 37" West 583.27 feet to the point of beginning and containing 20.0 acres more or less.

TOGETHER WITH and subject to an easement 50 feet in width for public and utility purposes centered on the Northerly line of the above described parcel of land and continuing Easterly and thence Southerly to an intersection with Waterloo Lane.

182040

BOOK 788 PAGE 1570

# 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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last <b>Eleanor Fay BUSH</b>			2. DATE OF DEATH (Month, Day, Year) <b>July 10, 1988</b>		3a. COUNTY OF DEATH <b>Douglas</b>
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>751 Trance Acres Drive</b>		3d. INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>	
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		4b. ETHNIC <b>American</b>		5a. AGE—Last Birthday (Years) <b>61</b>	
4c. UNDER 1 YEAR MOS : DAYS		4d. UNDER 1 DAY HOURS : MINS		6. DATE OF BIRTH (Mo., Day, Yr.) <b>Febr. 14, 1927</b>	
7. SEX <b>Female</b>		8. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Robert A. Bush</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>no</b>	
13. SOCIAL SECURITY NUMBER <b>4999</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>751 Trance Acres Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>			
16. FATHER—NAME First Middle Last <b>Desmond T. Jenkins</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Mabel Gross</b>		
18a. INFORMANT—NAME (Type or Print) <b>Robert A. Bush</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 1078, Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home and Crematory 833 N. Edmonds Drive, Carson City, Nevada 89701</b>			
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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>July 11, 1988</b>		21c. HOUR OF DEATH <b>8:35 P.M.</b>		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. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Stephen W. Hall, M.D., 781 Mill Street, Reno, Nevada 89502</b>		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>Stephen W. Hall, M.D., 781 Mill Street, Reno, Nevada 89502</b>		22d. GN		22e. AT	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>July 12, 1988</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) <b>Disseminated Small cell lung CANCER</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death <b>MONTHS</b>		Interval between onset and death Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		26. AUTOPSY (Specify Yes or No) <b>no</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>yes</b>	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>no</b>		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY <b>M</b>	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION <b>STREET OR R.F.D. No. CITY OR TOWN STATE</b>	
28g. INJURY AT WORK (Specify Yes or No)		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN STATE	

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:

Deputy Registrar

SEAL  
Lawrence P. Matheson  
No. 73476



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

COPY

REQUESTED BY  
Robert Bush  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'88 JUL 13 P3:44

SUZANNE BEAUDREAU  
RECORDER

9.00 PAID RU DEPUTY **182040**  
BOOK **788** PAGE **1572**