

RECORDING REQUESTED BY

WESTERN TITLE COMPANY, INC.
P. O. BOX 385
MINDEN, NEVADA 89423

AND WHEN RECORDED MAIL TO

NAME Gary K. Woods
STREET ADDRESS 820 "B" Wagon Drive
CITY, STATE, ZIP Gardnerville, Nevada 89410

Order No. Escrow No. M4.7.2.54.JC

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF ~~CALIFORNIA~~ NEVADA

County of DOUGLAS

ss.

BRIAN D. WOODS

, of legal age, being first duly sworn, deposes and says:

That KENNETH D. WOODS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KENNETH D. WOODS, an unmarried man named as one of the parties in that certain DEED dated July 12, 1988, executed by KENNETH D. WOODS, an unmarried man to Kenneth D. Woods, an unmarried man, Danielle A. Woods, an unmarried woman, Brian D. Woods, an unmarried man, and Gary K. Woods, an unmarried man, all as joint tenants as joint tenants, recorded as Instrument No. 182186, on July 15, 1988, in book 788, page 1866, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of DOUGLAS, State of ~~California~~ Nevada:

Parcels A and B as set forth on Parcel Map for Conrad Stitser, et ux, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 9, 1985, in Book 985, Page 693, as Document No. 122869.

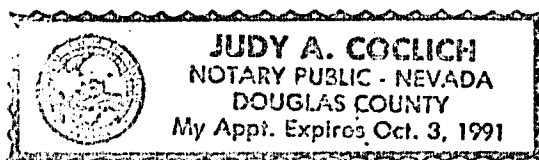
Together with all that property situate within the exterior boundaries of Parcels A & B and designated as Common Area as set forth on the above referenced Parcel Map.

- A.P.N. 29-202-46 Parcel A
- 29-202-47 Parcel B
- 29-202-48 Common Area

Dated 2-6-90

Brian D. Woods
BRIAN D. WOODS

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 6th day of February, 1990



Judy A. Coclich
Notary Public in and for said County and State

219999

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(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	LOCAL FILE NUMBER			STATE FILE NUMBER																										
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH																							
DECEDENT	1. Kenneth D. WOODS			2. January 16, 1989			3a. Churchill																							
	3b. Fallon			3c. Fallon Convalescent Center			3e. Inpatient			4. Male																				
IF DEATH OCCURRED IN INSTITUTION SEE INQUIRY BOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			7a. 68			7b. 68			7c. 68			8. Jan. 10, 1921														
	9a. Oregon			9b. U.S.A.			10. 12			11. Widowed			12. SURVIVING SPOUSE (If wife, give maiden name)																	
PARENTS	13. ██████████ 1785			14a. House Painter			14b. Self			15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 820 B Wagon Dr.			15e. yes								
	16. John Woods			17. Hazel Potter			18a. Brian D. Woods			18b. 929 1/2 Beulah St., Glendale, California 91202																				
DISPOSITION	19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City Nevada			20a. <i>Brian D. Woods</i>			20b. #36			20c. Crematory, P.O. Box 1775, Carson City, NV 89702														
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. Jan. 19, 1989			21c. 830 P.M.			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22a. ON			22b. AT														
CERTIFIER	21a. <i>K. K. Carlson, M.D.</i>			21b. <i>Jan. 19, 1989</i>			21c. <i>830 P.M.</i>			21d. <i>K.K. Carlson, M.D., P.O. Box 1265, Fallon, Nevada 89406</i>			22a. <i>ON</i>			22b. <i>AT</i>														
	23a. K.K. Carlson, M.D., P.O. Box 1265, Fallon, Nevada 89406			23b. #3438			24a. <i>[Signature]</i>			24b. <i>January 24, 1989</i>			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			26. Interval between onset and death			27. Interval between onset and death			27. Interval between onset and death			28. NO			29. NO														
	PART I (a) <i>Pulmonary Carcinoma</i>			PART II (b) <i>Smoking</i>			PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			28. NO			29. NO																	
CAUSE OF DEATH	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED			29. INJURY AT WORK (Specify Yes or No)			29a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			29b. LOCATION			29c. STREET OR R.F.D. No.			29d. CITY OR TOWN			29e. STATE		

STATE REGISTRAR

No. 000469

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

By:

[Signature]
SEAL Deputy Registrar

Date Issued: JAN 24 1989

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY
WESTERN TITLE COMPANY, INC.

**IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA**

'90 FEB 12 P3:51

**SUZANNE BEAUDREAU
RECORDER**

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