

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name

Mrs. Shirley Fraser

Street Address

P.O. Box 393

City & State

Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF NEVADA

ss.

County of Douglas.....

SHIRLEY YVONNE FRASER....., of legal age, being first duly sworn, deposes and says:
 That HENRY FRANKLIN FRASER....., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HENRY FRANKLIN FRASER..... named as one of the parties in that certain Grant Deed..... dated Aug. 11, 1980..... executed by Austin W. Graham and Bertha E. Graham..... to Shirley Yvonne Fraser and Henry Franklin Fraser..... as joint tenants, recorded as Instrument No. 47348....., on Aug. 11, 1980....., in book 880....., page 612....., of Official Records of Douglas..... County, NEVADA covering the following described property situated in the Town of..... Minden....., County of..... Douglas..... State of NEVADA :

EXHIBIT "A" ATTACHED

Shirley Yvonne Fraser
 SHIRLEY YVONNE FRASER.....

I declare under penalty of perjury, that the foregoing statement is true and correct.

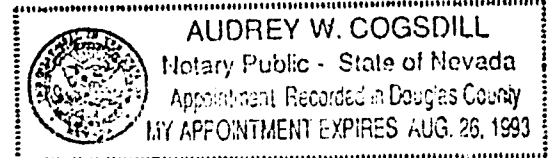
SHIRLEY YVONNE FRASER.....
 Print Name

Shirley Yvonne Fraser
 Sign Name SHIRLEY YVONNE FRASER

Dated July 24, 1991.....

SUBSCRIBED AND SWORN TO before me this
 24 day of July, 1991.

Signature *Audrey W. Cogsdill*
 Notary Public



255999
 (Notarial Seal) BOOK 791 PAGE 4077

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EXHIBIT "A"

DOCUMENTARY TRANSFER

P. B. 25-270-20

SIGNATURE OF PARTY OR AGENT

Silver State Title Co.
FIRM NAME

Grant Deed

Application No. 12940

THIS INDENTURE WITNESSETH. THAT

AUSTIN W. GRAHAM, an unmarried man, and BERTHA E. GRAHAM, an unmarried woman, as Joint Tenants with right of survivorship THE FIRST PART ies IN CONSIDERATION OF \$10.00, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, DO HEREBY GRANT, BARGAIN, AND SELL TO

SHIRLEY YVONNE FRASER and HENRY FRANKLIN FRASER, wife and husband, as Joint Tenants with right of survivorship.

THE SECOND PART ies AND TO THEIR HEIRS AND ASSIGNS, ALL THAT REAL PROPERTY SITUATE IN the County of Douglas, State of Nevada, and more PARTICULARLY DESCRIBED AS FOLLOWS:

A parcel of land located in the Northwest 1/4 of the Northeast 1/4 of Section 32, Township 13 North, Range 20 East, M. D. B. & M., described as follows: BEGINNING at a point at the Northwesterly corner of the parcel, which is the Southwesterly boundary and fence corner of the Standard Oil Company property, said point being further described as bearing North 16°06' West a distance of 546.93 feet from the Northwest corner of Lot 1, Block A of the Meneley Tract addition to the Town of Gardnerville, as the same is filed and made of record in the Douglas County Court House, said point of beginning being further described as bearing North 57°20'35" West a distance of 2703.50 feet from the East one-quarter corner of Section 32, Township 13 North, Range 20 East; thence North 58°31' East along the fence line a distance of 150.00 feet to a point; thence South 31°29' East a distance of 150.00 feet to a point; thence South 58°31' West a distance of 150.00 feet to a point on a fence line; thence North 31°29' West along said fence line a distance 150.00 feet to a point of beginning.

ASSESSOR'S PARCEL No. 25-270-11 TOGETHER WITH a right of way and easement for ingress and egress over a 30 feet by 150 feet piece of land joining the above described parcel on the North side.

ALSO TOGETHER with a right of way for ingress and egress over the Meneley 30 foot driveway to Zerolene Road. SAID right of way's are as set forth in Deeds recorded February 25, 1954, in Book B-1 of Deeds, Page 37 and 38, Official Records of Douglas County, State of Nevada.

TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING, AND THE REVERSIONS AND REVERSIONS, REMAINDERS AND REMAINDERS, RENTS, ISSUES, AND PROFITS THEREOF.

TO HAVE AND TO HOLD THE SAID PROPERTY, TOGETHER WITH THE APPURTENANCES, UNTO THE SAID PART OF THE SECOND PART, AND TO THEIR HEIRS AND ASSIGNS, FOREVER.

WITNESS OUR HAND THIS 11th DAY OF August, 1980

Austin W. Graham
Austin W. Graham

Bertha E. Graham
Bertha E. Graham

STATE OF Nevada

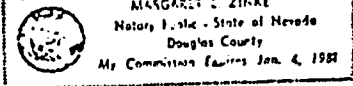
COUNTY OF Douglas

On this 11th day of August, 1980, before me, the undersigned

a Notary Public in and for said County, personally appeared Austin W. Graham and Bertha E. Graham

known to me to be the person whose name subscribed to the foregoing instrument and acknowledged that he executed the same, freely and voluntarily and for the uses and purposes mentioned.

Witness my hand and official seal
Margaret L. Zinke
NOTARY PUBLIC in and for said County and State



My commission expires 19

After recording please mail to:
Shirley Yvonne Fraser
P. O. Box 393
Minden, Nevada 89423

SILVER STATE TITLE CO.

FOR RECORDER'S USE

15 AUG 11 1980

Shirley Yvonne Fraser

47348

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BOOK 791 PAGE 4078

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)	
DECEDENT	1. Henry Franklin FRASER		2. February 12, 1991	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
	3b. Gardnerville		3a. Douglas	
	3c. Cottonwood Care Center		3e. Inpatient	
IF DEATH OCCURRED IN INSTITUTION SEE HANGBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4. Male		SEX	
	5. White		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	
	6. <input checked="" type="checkbox"/> Yes		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> no <input checked="" type="checkbox"/> yes.	
	7a. 60		AGE—Last Birthday (Years)	
PARENTS	8. October 14, 1930		DATE OF BIRTH (Mo., Day, Yr.)	
	9a. Oregon		STATE OF BIRTH (If not U.S.A., name country)	
	9b. USA		CITIZEN OF WHAT COUNTRY	
	10. 8		Decedent's Education. Specify highest grade completed.	
DISPOSITION	11. Married		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	12. Mallinckrodt		SURVIVING SPOUSE (If wife, give maiden name)	
	13. 3753		SOCIAL SECURITY NUMBER	
	14a. Self Employed		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
CERTIFIER	15a. Nevada		RESIDENCE—STATE	
	15b. Douglas		COUNTY	
	15c. Minden		CITY, TOWN, OR LOCATION	
	15d. 1561 Zerolene		STREET AND NUMBER	
CAUSE OF DEATH	16. Thomas Fraser		FATHER—NAME First Middle Last	
	17. Charlotte Jones		MOTHER—MAIDEN NAME First Middle Last	
	18a. Shirley Fraser		INFORMANT—NAME (Type or Print)	
	18b. P.O. Box 393, Minden, Nevada 89423		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	19a. Cremation		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
	19b. Sierra Crematory		CEMETERY OR CREMATORY—NAME	
	19c. Reno Nevada		LOCATION City or Town State	
	20a. <i>Well Wrotech</i>		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Succr)	
CAUSE OF DEATH	20b. 71		FUNERAL DIRECTOR LICENSE NUMBER	
	20c. 281 N. Roop Street, Carson City, Nevada 89706		NAME AND ADDRESS OF FACILITY	
	21a. <i>Phil Aldrich</i>		DATE SIGNED (Mo., Day, Yr.)	
	21b. 2-12-91		HOUR OF DEATH	
CAUSE OF DEATH	21c. 0900		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	21d. Phil Aldrich MD, 412 W. John Street, Carson City, Nv. 89703		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	
	22a. <i>Phil Aldrich</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	22b. February 13, 1991		DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	22c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23b. 3334	
	23a. 3334		LICENSE NUMBER	
	24a. <i>Phil Aldrich</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24b. February 13, 1991		DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	24c. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	25a. Liver Failure		PART I (a) DUE TO, OR AS A CONSEQUENCE OF:	
	25b. Probable Alcoholic Liver Disease		PART I (b) DUE TO, OR AS A CONSEQUENCE OF:	
	25c. Other Significant Conditions		PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
CAUSE OF DEATH	26. No		AUTOPSY (Specify Yes or No)	
	27. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	28a. 28b.		DATE OF INJURY (Mo., Day, Yr.)	
	28c. 28d.		HOUR OF INJURY	
CAUSE OF DEATH	28d. M		DESCRIBE HOW INJURY OCCURRED	
	28e. 28f.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28g. 28h.		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
	28h. 28i.		INJURY AT WORK (Specify Yes or No)	

STATE REGISTRAR

No. 025112

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

By: *[Signature]*
Deputy Registrar

Date Issued: **FEB 15 1991**

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

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REQUESTED BY

Christine House

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'91 JUL 25 P12:54

SUZANNE D'ABBREAU
RECORDER

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