

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS

June Miller being first duly sworn, deposes and

says:

That Affiant is the surviving spouse of James Marion Miller
and that the Affiant and the said James Marion Miller deceased
are the Beneficiaries under that certain Deed of Trust dated the 25th day of
January, 1985 under the terms of which
Kenneth W. Miller and Ethel M. Miller, husband and wife
was Trustor to Silver State Title Company, as Trustee with
James M. Miller and June T. Miller as Beneficiary
upon the terms, covenants, and provisions as set forth therein, said document.
recorded January 30, 1985 in Book 185 Page 2353 being Document
No. 112974 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, being further described in said Deed of Trust.

Lot 6, Block A, as set forth on the map of Sierra Meadows
Subdivision Phase II, filed for record November 21, 1977,
as Document No. 15229, Official Records of Douglas County,
State of Nevada.

That the said James Marion Miller one of the
Beneficiaries on the Deed of Trust died on the 9 day of February
1986 in Carson City, Nevada and is the identical person
named in the Certificate of Death. That all interest in and to said Note and
Deed of Trust hereinabove described, vested absolutely in Affiant as of the
date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE
me this 2 day of October
1983

June T. Miller
June T. Miller

Sharon Goodwin
NOTARY PUBLIC



319472

BK 1093PG0684

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES STATE OF NEVADA DIVISION OF HEALTH HUMAN RESOURCES DIVISION OF VITAL STATISTICS VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1 James Marion MILLER	DATE OF DEATH (Month, Day, Year) 2 February 9, 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
	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a White	ETHNIC 4b Scott-Irish	AGE—Last Birthday (Years) 5a 67
	STATE OF BIRTH (If not U.S.A., name country) 8 Arizona	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married
	SOCIAL SECURITY NUMBER 13 [REDACTED] 2763	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Vice President	SURVIVING SPOUSE (If wife, give maiden name) 11 June Toms
	RESIDENCE—STATE 15a Nevada	COUNTY 15b Carson City	CITY, TOWN, OR LOCATION 15c Carson City
	FATHER—NAME First Middle Last 16 James Wesley Miller	MOTHER—MAIDEN NAME First Middle Last 17 Henrietta Brooks	DATE OF BIRTH (Mo., Day, Yr.) 6 June 17, 1918
	INFORMANT—NAME (Type or Print) 18a June Miller	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 2529 Concord, Carson City, Nevada 89701	SEX 7 Male
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Mt. View Cemetery	LOCATION City or Town State 19c Reno Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James D. Pitts, M.D.</i>	NAME AND ADDRESS OF FACILITY 20b Waltons Funeral Home, 1281 Roop St. Carson City, Nevada	DATE OF BIRTH (Mo., Day, Yr.) 6 June 17, 1918
	21a To the best of my knowledge, the deceased at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>James D. Pitts, M.D.</i> DATE SIGNED (Mo., Day, Yr.) 21b 2/10/86	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>James D. Pitts, M.D.</i> DATE SIGNED (Mo., Day, Yr.) 22b [REDACTED]	HOUR OF DEATH 21c 0855
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 James D. Pitts, M.D. 1000 N. Division St. Carson City, Nv. 89701	22c PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON	HOUR OF DEATH 22c AT
	REGISTRAR <i>Lila M. Vaughan</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24c February 11, 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)) (a) Cardiopulmonary arrest	Interval between onset and death Seconds	
	(b) Inanition	Interval between onset and death Months	
	(c) Carcinoma of the pancreas	Interval between onset and death 1 year	
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	AUTOPSY (Specify Yes or No) 26 No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No
	AGE SUBJECT AT TIME OF INJURY OR POISONING INVEST. (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c
	INJURY AT WORK (Specify Yes or No) 28c	PLACE OF INJURY—At home, farm, street, factory, office, trucking, etc. (Specify) 28d	DESCRIBE HOW INJURY OCCURRED 28e

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

Date Issued: FEB 11 1986

VITAL RECORDS

By: *Catherine S. Louie* No. 52749
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
PACIFIC TITLE, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'93 OCT -6 AM 1:05

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BK 1093PG0686

SUZANNE BEAUDREAU
RECORDER

\$ 9.00 PAID KJ DEPUTY