

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada )

COUNTY OF Douglas )

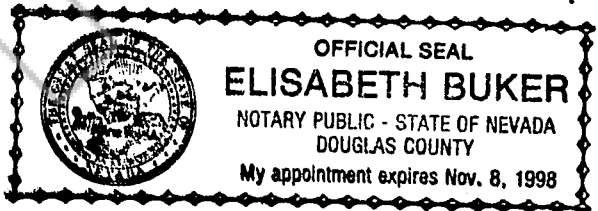
Judy A. Sallee, being of legal age, and being first duly sworn, deposes and says, that Robert Leslie Sallee

the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert L. Sallee named as one of the parties in that certain Grant Deed, dated June 15, 1992 executed by Raymond M. Smith, a married man as his sole and separate property, to Robert L. Sallee and Judy A. Sallee, husband and wife, as joint tenants, recorded as Instrument No. 286514, on August 21, 1992, in Book 892, Page 3499, of Official Records of Douglas County, State of Nevada, covering the property situate in the County of Douglas, State of Nevada, described as follows:

Parcel C-3D as set forth on a Parcel Map No. 12 for Raymond M. Smith recorded August 14, 1992 in Book 892, Page 2532 as Document No. 286105 of Official Records, Douglas County, Nevada.

Assessors Parcel No. 21-140-28 A Portion of

Dated this 30th day of March, 1995.



Judy A. Sallee  
Judy A. Sallee

STATE OF Nevada )

COUNTY OF Douglas )

On 3/30/1995, personally appeared before me, the undersigned Notary Public, Judy A. Sallee

personally known (or proved to be on the basis of satisfactory evidence) to be the person whose name is subscribed to the above instrument who acknowledged that she executed the same for the purposes therein stated.

Elisabeth Buker  
Notary Public

WHEN RECORDED, MAIL TO:  
JUDY SALLEE  
1594 GLORIA WAY  
MINDEN, NV 89423

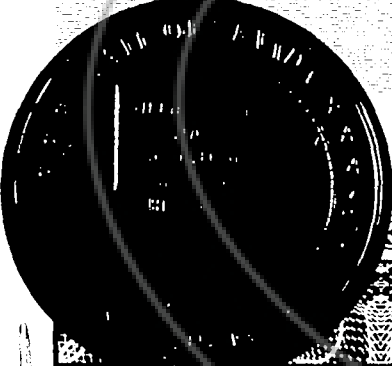
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# STATE OF NEVADA

## 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

	LOCAL FILE NUMBER		STATE FILE NUMBER
<b>DECEDENT</b>	1. DECEASED—NAME First Middle Last <b>Robert Leslie SALLEE</b>		2. DATE OF DEATH (Month, Day, Year) <b>2 October 19, 1994</b>
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3a. COUNTY OF DEATH <b>Douglas</b>
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>1594 Gloria Way</b>		4. SEX <b>Male</b>
<b>PARENTS</b>	5. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>	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. AGE—Last Birthday (Years) <b>59</b>
	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) <b>March 2, 1935</b>
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>	9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. Decedent's Education—Specify highest grade completed. <b>13</b>
<b>DISPOSITION</b>	12. SURVIVING SPOUSE (If wife, give maiden name) <b>Judy Griffin</b>		13. SOCIAL SECURITY NUMBER <b>3449</b>
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Disabled</b>		14b. KIND OF BUSINESS OR INDUSTRY
	15a. RESIDENCE—STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN, OR LOCATION <b>Minden</b>
<b>CERTIFIER</b>	15d. STREET AND NUMBER <b>1594 Gloria Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
	16. FATHER—NAME First Middle Last <b>Raymond Sallee</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Clara Brink</b>
	18a. INFORMANT—NAME (Type or Print) <b>Judy Sallee</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1594 Gloria Way, Minden, Nevada 89423</b>
<b>CAUSE OF DEATH</b>	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Sierra Crematory</b>
	19c. LOCATION City or Town State <b>Reno, Nevada</b>		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>
	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>94</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 89706</b>
<b>CAUSE OF DEATH</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>		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) and manner stated. (Signature and Title) <i>[Signature]</i>
	21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.) <b>12-01-94</b>
	21c. HOUR OF DEATH		22c. HOUR OF DEATH <b>0040</b>
<b>CAUSE OF DEATH</b>	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON <b>10/19/94</b>
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Greg Hubbard, Deputy Coroner, Douglas County Sheriff's Dept. P. O. Box 218, Minden, Nevada</b>		22e. AT <b>0040</b>
	23a. REGISTRAR <i>[Signature]</i>		23b. LICENSE NUMBER
<b>CAUSE OF DEATH</b>	24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Dec 1, 1994</b>		24c. 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) <b>Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Cardiovascular Disease with Cardiomegaly</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____		
<b>CAUSE OF DEATH</b>	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>Yes</b>
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
	28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE



No. 071546

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: **DEC 1 1994**

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

REQUESTED BY  
*[Signature]*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 MAR 30 P2:20

LINDA SLATER  
RECORDER  
\$8.00 PAID DEPUTY

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