

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF CARSON CITY

THERESA M. VALENTINE, WHO ACQUIRED TITLE AS , being of legal age, THERESA M. DAILEY, and being first duly sworn, deposes and says: That _____

WILLIAM STANLEY DAILEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

WILLIAM S. DAILEY named as one of the parties in that certain INDIVIDUAL GRANT DEED

_____, dated July 9, 1993, executed by GARY J. STOEBERL and LISA MARIE STOEBERL,

to WILLIAM S. DAILEY and THERESA M. DAILEY, husband and, wife as joint tenants, recorded as Instrument No. 316972, on September 7, 1993 in Book 0993, page 0973, of Official

Records of Douglas County, State of Nevada,

covering the following described property situated in the county of Douglas,

State of Nevada, as follows:

see exhibit 'a' attached hereto

Dated this 10th day of October, 19 95.

Theresa M. Valentine

THERESA M. VALENTINE, WHO

STATE OF Nevada)
) :ss
COUNTY OF Carson City

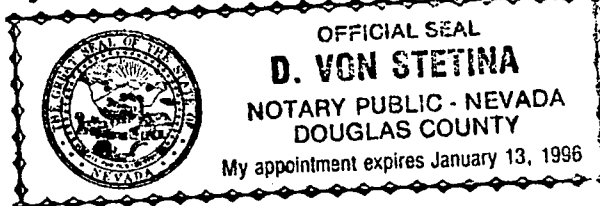
ACQUIRED TITLE AS
THERESA M. DAILEY

On October 11, 1995 personally appeared before me, a Notary Public, Theresa M. Valentine

personally known or proved to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the same for the purposes therein stated.

Dana Von Stetina

Notary Public



When recorded mail to:

Theresa M. Valentine
1224 Mt. Park Drive
Carson City, Nevada 89706

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

Altered

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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last William Stanley DAILEY	DATE OF DEATH (Month, Day, Year) 2 December 16, 1903	STATE FILE NUMBER	COUNTY OF DEATH Carson City
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either give street and number) Carson-Tahoe Hospital	If Hosp. or Inst. indicate DOA: OP/Emer. Rm. Inpatient (Specify) Inpatient	SEX Male
	RACE—(e.g., White, Black, American Indian, etc) (Specify) White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, Specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years) 50	UNDER 1 YEAR—MOS: DAYS 7b	UNDER 1 DAY—HOURS: MINS 7c
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A.: name country) Minnesota	CITIZEN OF WHAT COUNTRY USA	Decedent's Education—Specify highest grade completed. 10 10	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Theresa Marie Donais
	SOCIAL SECURITY NUMBER 13: [REDACTED] 7242	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a: Route Salesman	806	KIND OF BUSINESS OR INDUSTRY 14b: Wholesale Sundrie Products	
PARENTS	RESIDENCE—STATE 15a: Nevada	COUNTY 15b: Douglas	CITY, TOWN, OR LOCATION 15c: Minden	STREET AND NUMBER 15d: 1350 Porter Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e: Yes
	FATHER—NAME First Middle Last 16: Gerald R. Dailey		MOTHER—MAIDEN NAME First Middle Last 17: Evelyn Harvey		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a: Theresa Dailey		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b: 1350 Porter Drive, Minden, Nevada 89423		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a: Burial	CEMETERY OR CREMATORY—NAME 19b: Lone Mountain Cemetery	LOCATION—City or Town—State 19c: Carson City Nevada		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a: [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b: 21	NAME AND ADDRESS OF FACILITY 20c: Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nv. 89706	
	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) William Thomas		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) [Signature]		
	DATE SIGNED (Mo., Day, Yr.) 21b: 12-16-93	HOUR OF DEATH 21c: 0105	DATE SIGNED (Mo., Day, Yr.) 22b:	HOUR OF DEATH 22c:	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d: WILLIAM THOMAS		PRONOUNCED DEAD (Mo., Day, Yr.) 22d: ON	PRONOUNCED DEAD (Hour) 22e: AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a: William H. Thomas MD 1000 N. Division St., Carson City, Nv.			LICENSE NUMBER 23b: 3136		
CAUSE OF DEATH	REGISTRAR 24a: [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b: December 20, 1993	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 (a) Sepsis DUE TO OR AS A CONSEQUENCE OF: PART (b) Abdominal abscess DUE TO OR AS A CONSEQUENCE OF: PART (c) Adenocarcinoma rectum OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I: 154.1			Interval between onset and death 2 days Interval between onset and death 1-2 weeks Interval between onset and death 1 1/2 years	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a:		DATE OF INJURY (Mo., Day, Yr.) 28b:	HOUR OF INJURY 28c: M	DESCRIBE HOW INJURY OCCURRED 28d:	
INJURY AT WORK (Specify Yes or No) 28e:		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f:	LOCATION—STREET OR R.F.D. No.—CITY OR TOWN—STATE 28g:	AUTOPSY (Specify Yes or No) 26: YES	
			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27: YES		

Information corrected, State Affidavit #28961, Dec. 21, 1993.
Item #2. December 16, 1993.

SEAL
No. 060132

This is to certify that the above is a true and correct copy of the certificate on file in this office. By: **[Signature]**

Date Issued: **DEC 22 1993** Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK T 095 PG 2552 372842

COPY

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY

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

'95 OCT 16 10:53

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

372842
BK 1095 PG 2553