

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, ROBERT M. ATEN, being first duly sworn, deposes and says:
That Affiant is the surviving spouse of M. ELIZABETH ATEN
and that the Affiant and the said M. ELIZABETH ATEN deceased,
are the Grantees in JOINT TENANCY under that certain Grant, Bargain, Sale
Deed dated the 23rd day of April, 1992, under the terms of which
WEST RIDGE DEVELOPMENT AND CONSTRUCTION, INC., a Nevada Corporation
was Grantor
to:ROBERT M. ATEN and M. ELIZABETH ATEN, as husband and wife as
Joint Tenants with right of survivorship, upon the terms, covenants and
provisions as setforth therein, said document recorded April 29, 1992 , in
Book 492 at Page 5615 as Document No: 277275 of Official Records of
Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of
Douglas, State of Nevada, as follows:

Lot 33, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for
record in the office of the county recorder of Douglas County, Nevada, on
March 27, 1974, in Book 374, Page 676, as file no. 72456.

APN: 29-293-11

That the said M. ELIZABETH ATEN one of the Grantees in the Joint
Tenancy Deed, died on July 1, 1994 , and is the identical person named in
that certain Certificate of Death attached hereto as Exhibit A that the said
Death Certificate is hereby referred to and by such reference is
incorporated into this paragraph as though herein fully set forth. That all
interest in and to said real property, hereinabove described, vested
absolutely in Affiant namely, ROBERT M. ATEN , as of the
as of the date of decedent's death.

Dated:March 8, 1996

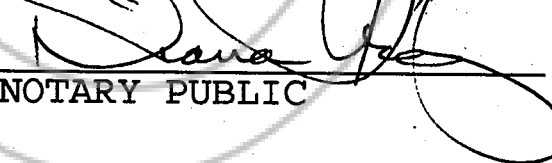

ROBERT M. ATEN

STATE OF NEVADA
COUNTY OF DOUGLAS

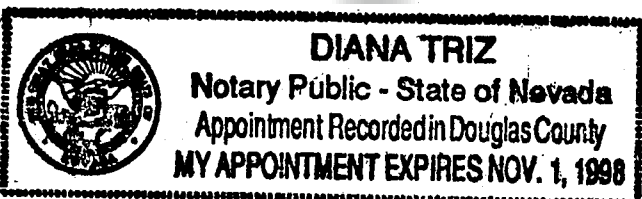
On March 8, 1996, before me, the undersigned, a Notary Public in and for
said County, personally appeared ROBERT M. ATEN
and , personally known to me (or proved to me on the basis of
satisfactory evidence) to be the persons whose names are sub-scribed to the
within instrument and acknowledged to me that they executed the same in their
authorized capacity, and that by their signature on the instrument the
person, or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature 
NOTARY PUBLIC

✓ ROBERT M. ATEN
1142 Di Napoli Dr.
San Jose, CA 95129



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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
DECEDENT	1 DECEASED—NAME First Middle Last Margaret ATEN		2 DATE OF DEATH (Month, Day, Year) 2 July 1, 1994
	3a CITY, TOWN, OR LOCATION OF DEATH Carson City		3b HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital
	3c Carson-Tahoe Hospital		3d If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
	3e Female		3f SEX
PARENTS	4 RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5 Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.
	6 STATE OF BIRTH (If not U.S.A., name country) Illinois	7a AGE—Last Birthday (Years) 67	7b UNDER 1 YEAR: MOS. DAYS 7c UNDER 1 DAY: HOURS MINS
	8 DATE OF BIRTH (Mo., Day, Yr.) Feb. 10, 1927	9a CITIZEN OF WHAT COUNTRY U.S.A.	9b Decedent's Education: Specify highest grade completed. 10
	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Robert Aten	
DISPOSITION	12 SOCIAL SECURITY NUMBER 0548		13 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper
	14a Bookkeeper		14b KIND OF BUSINESS OR INDUSTRY Tool Shack
	15a RESIDENCE—STATE Nevada	15b COUNTY Douglas	15c CITY, TOWN, OR LOCATION Gardnerville
	15d STREET AND NUMBER 621 Joette Dr.		15e INSIDE-CITY LIMITS (Specify Yes or No) Yes
CERTIFIER	16 FATHER—NAME First Middle Last Carl Phillips		17 MOTHER—MAIDEN NAME First Middle Last Lola Carrol
	18a INFORMANT—NAME (Type or Print) Robert Aten		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 621 Joette Dr., Gardnerville, Nevada 89410
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—NAME No. Nevada Veterans Memorial
	19c LOCATION—City or Town State Fernley, Nevada		20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Will Wether</i>
CAUSE OF DEATH	20b FUNERAL DIRECTOR LICENSE NUMBER 21		20c NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 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) <i>Robert L. McDonald, M.D.</i>		21b DATE SIGNED (Mo., Day, Yr.) 7-1-94
	21c HOUR OF DEATH 0235		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert L. McDonald, M. D., 710 W. Washington, Carson City, Nv.
	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>Robert L. McDonald, M.D.</i>		22b DATE SIGNED (Mo., Day, Yr.)
22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo., Day, Yr.)	
22e AT		22f PRONOUNCED DEAD (Hour)	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert L. McDonald, M. D., 710 W. Washington, Carson City, Nv.		23b LICENSE NUMBER 6433	
24a REGISTRAR SIGNATURE <i>Lucy M. Douglas</i>		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 1, 1994	24c DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac Arrest		Interval between onset and death	
PART I (b) Sepsis		Interval between onset and death	
PART I (c) ARDS		Interval between onset and death	
PART II Severe peripheral vascular & coronary artery disease		26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28b DATE OF INJURY (Mo., Day, Yr.)	
28c HOUR OF INJURY M 28d DESCRIBE HOW INJURY OCCURRED		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			

SEAL No. 065246

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

Date Issued: **Jul 1 1994**

[Signature] Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Robert m Aten
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 MAR -8 P12:28

LINDA SLATER
RECORDER
\$ 9.00 PAID K2 DEPUTY

382857
BK 0396 PG 1119