

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas)

Carol J. Killian, being of legal age,
and being first duly sworn, deposes and says, that Joseph Anthony Killian,
the decedent mentioned in the attached certified copy of Certificate
of Death, is the same person as Joseph A. Killian
named as one of the parties in that certain Corporation Grant Deed
June 7th, 1993, dated June 7th, 1993
executed by Western Nevada Properties, Inc.
to Joseph A. Killian and Carol J. Killian
as joint tenants, recorded as Instrument No. 309246, on
June 8, 1993, in Book 693, Page 1613,
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:

Lot 9, as shown on the Official Plat of WINHAVEN, UNIT NO. 2 PHASE B, filed for record in
the office of the County recorder on September 14, 1990 in Book 990 of Official Records
at Page 1935, Douglas County, State of Nevada, as Document No. 234655.

Together with an undivided 1/23rd interest in and to the Common Area as set forth on the
hereinabove mentioned subdivision.

Assessment Parcel No. 25-665-09

Dated this 25th day of March, 1996.

STATE OF Nevada)
COUNTY OF Douglas) ss.

Carol J. Killian
CAROL J. KILLIAN

On March 25, 1996, personally appeared
before me, a Notary Public, Carol J. Killian

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.

Kathy Boles
Notary Public



WHEN RECORDED, MAIL TO:
✓ Killian
P.O. Box 264
Minden, NV 89423

383964
BK0396PG3877

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. Joseph Anthony KILLIAN			2. February 5, 1995		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Minden			3c. 1729 Lavender		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			4. Male		
PARENTS	5. White			6. 62		
	7a. 62			7b. : : 7c. : :		
DISPOSITION	8. Aug. 16, 1932			9a. California		
	9b. U. S. A.			10. 14		
CERTIFIER	11. Married			12. Carol Wilson		
	13. 4519			14a. Tax Consultant		
CAUSE OF DEATH	14b. Tax Consulting Business			15a. Nevada		
	15b. Douglas			15c. Minden		
PARENTS	16. William Killian			17. Marcella Creyssel		
	18a. Carol Killian			18b. 1729 Lavender Ct., Minden, Nevada 89743		
DISPOSITION	19a. Cremation			19b. Sierra Crematory		
	19c. Reno, Nevada			20a. <i>[Signature]</i>		
CERTIFIER	20b. 94			20c. 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.			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.		
CAUSE OF DEATH	21b. DATE SIGNED (Mo., Day, Yr.)			21c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. 2/7/95		
CAUSE OF DEATH	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22c. 0720		
	23a. John D. Milby, Deputy Coroner, Douglas County Sheriffs Dept. P. O. Box 218, Minden, NV.			22d. ON 2/5/95		
CAUSE OF DEATH	23b. LICENSE NUMBER			22e. AT 0720		
	24a. <i>[Signature]</i>			24b. Feb. 7 - 1995		
CAUSE OF DEATH	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	25. IMMEDIATE CAUSE (a) Myocardial Infarction			Interval between onset and death		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	25. IMMEDIATE CAUSE (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			Interval between onset and death		
CAUSE OF DEATH	26. No			27. Yes		
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)		
CAUSE OF DEATH	28c. HOUR OF INJURY			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)		
CAUSE OF DEATH	28g. LOCATION			28h. STREET OR R.F.D. No.		
	28i. CITY OR TOWN			28j. STATE		



STATE REGISTRAR
This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: FEB 07 1995
Deputy Registrar
No. 12970
[Signature]



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

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COPY

REQUESTED BY
Carol Killian
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 MAR 25 P2:44

383964
BK0396PG3879

LINDA SLATER
RECORDER
\$⁰⁰⁰ PAID *SJ* DEPUTY