

✓ RICHARD B. BAUER  
ATTORNEY AT LAW  
5151 SO. FEDERAL BLVD.  
LITTLETON, COLORADO 80123

STATE OF NEVADA  
COUNTY OF DOUGLAS

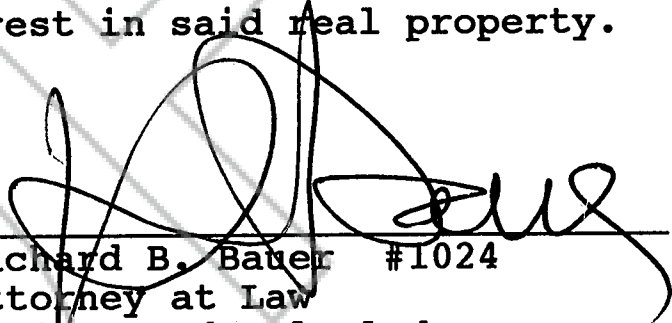
SUPPLEMENTAL AFFIDAVIT

IN THE MATTER OF THE TITLE TO  
REAL PROPERTY IN JOINT TENANCY

Richard B. Bauer, being first duly sworn upon oath, deposes and says, that he is of legal age and has personal knowledge of the fact that EILEEN I. SCHLOSSER, referred to in the certified copy of the Death Certificate, certified by the State Registrar of Vital Statistics of the State of Colorado, on the 30th day of January, 1996, was at the time of her death on the 27th day of January, 1996, the owner in joint tenancy with JAMES E. SCHLOSSER, of the following described real property situate in the County of Douglas and State of Nevada, to wit:

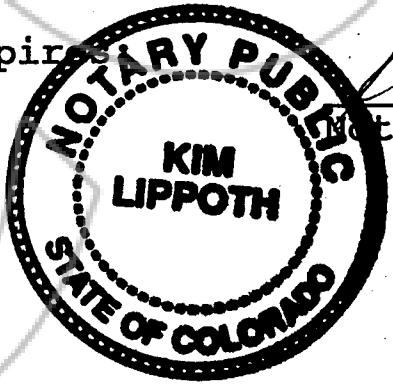
The Ridge Tahoe, Naegle Building, Swing Season,  
Week #33-122-20-05, Stateline, NV 89449


And that he has not record interest in said real property.

  
Richard B. Bauer #1024  
Attorney at Law  
5151 S. Federal Blvd.  
Littleton, CO 80123  
(303)797-7666

Subscribed, sworn and acknowledged before me this 24th day of April, 1996, by Richard B. Bauer.

My commission expires  
1/17/2000



  
Notary Public

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO  
CERTIFICATE OF DEATH

STATE FILE

A6033733  
3/20/96 16:41  
PG: 0001-001  
6.00 DOC FEE: 0.00  
DONETTA DAVIDSON  
ARAPAHOE COUNTY

<b>DECEDENT</b>				<b>2. SEX</b>		<b>3. DATE OF DEATH (Month, Day, Year)</b>	
1. DECEDENT'S NAME (First, Middle, Last) <b>Eileen I. SCHLOSSER</b>				<b>F</b>		<b>January 27, 1996</b>	
4. SOCIAL SECURITY NUMBER <b>0762</b>		5a. AGE - Last Birthday (Years) <b>69</b>	5b. UNDER 1 YEAR Mos: Days	5c. UNDER 1 DAY Hrs: Mins	6. DATE OF BIRTH (Month, Day, Year) <b>February 10, 1926</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Long Island, N.Y.</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>Aurora Presbyterian Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Aurora</b>		9d. COUNTY OF DEATH <b>Arapahoe</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Industrial Engineer</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Retail</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If wife, give maiden name) <b>James Schlosser</b>	
13a. RESIDENCE-STATE <b>Colorado</b>		13b. COUNTY <b>Arapahoe</b>	13c. CITY, TOWN, OR LOCATION <b>Aurora</b>		13d. STREET AND NUMBER <b>2744 S. Heather Gardens Way</b>		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <b>80014</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) <b>12</b>	
17. FATHER-NAME (First, Middle, Last) <b>John Irwin</b>			18. MOTHER-NAME (First, Middle, Last (Maiden Name)) <b>Mary Fitzgerald</b>		19. INFORMANT-NAME and relationship to deceased. <b>James Schlosser - Spouse</b>		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of Cemetery, crematory, or other place) <b>Mt. Olivet Cemetery</b>		20c. LOCATION - City or Town, State <b>Wheat Ridge, Colorado</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. NAME AND ADDRESS OF FACILITY: <b>Horan &amp; McConaty Mortuaries 3201 S. Parker Rd. Aurora, Co. ZIP: 80014</b>			
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				22b. DATE FILED (Month, Day, Year) <b>FEB 06 1996</b>			
23. TIME OF DEATH <b>7:05 A.</b>		24. DATE PRONOUNCED DEAD Month: <b>January</b> Day: <b>27</b> Year: <b>1996</b> Hour: <b>0705</b>		25. WAS CORONER NOTIFIED? (Yes or No) <b>No</b>			
26. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				27. TO BE COMPLETED BY CORONER			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
28. DATE SIGNED (Month, Day, Year) <b>1.30.96</b>				29. DATE SIGNED (Month, Day, Year)			
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>Stephen Samuelson M.D., 1550 S. Potomac #225 Aurora, Co. ZIP: 80012</b>							
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)							
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY <b>M</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED		
		33e. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		33f. LOCATION (Street and Number, or Rural Route Number, City, County, State)			
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.				Interval between onset and death			
PART I		(a) <b>Cardiovascular &amp; renal failure</b>		<b>2 days</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c)		(b) <b>Cerebral Edema/Hemorrhage</b>		<b>4 days</b>			
		(c) <b>Malignant Brain Tumor</b>		<b>1 mo</b>			
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker). <b>Atrial Fibrillation</b>				35. AUTOPSY (Yes or No) <b>No</b>		36. IF YES were findings considered in determining cause of death?	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

01-034022

ADRS-16 1-89 (Rev. 1-91)

DATE ISSUED FEB 16 1996

*[Signature]*  
H. H. ROHRER, M.D.

LOCAL REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

386270 BK 496 PG 4820

VR 100C, 8/88

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
Richard Bauer  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

'96 APR 26 A9:37

386270  
BK 0496 PG 4821

LINDA SLATER  
RECORDER  
\$9.00 PAID ke DEPUTY