

After recording, return Affidavit
to the following address:
William B. Ledbetter
P.O. Box 128
Stateline, NV 89449

Affects Assessor Parcel No.:
03-191-06

AFFIDAVIT OF SURVIVING SPOUSE
TO
TERMINATE ESTATE IN COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)


William B. Ledbetter, being first duly sworn, deposes and states the following:

1. I am the surviving husband of Beverlee A. Ledbetter, who died in El Dorado County, California on September 12, 1995. A certified copy of the Certificate of Death of Beverlee A. Ledbetter is attached hereto as Exhibit "A."

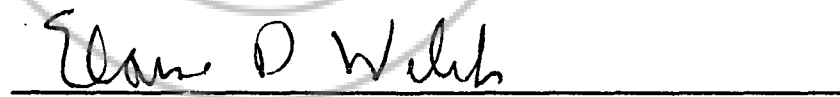
2. By a Quitclaim Deed recorded on August 12, 1994, as Document No. 343899, my wife Beverlee A. Ledbetter and I acquired pursuant to NRS 111.064 as community property with right of survivorship the parcel of real property located in Douglas County, Nevada, described on Exhibit "B" attached hereto and incorporated herein by reference.

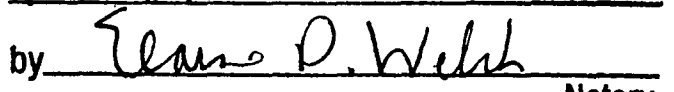
3. I am the surviving community property owner of the real property described above, and legal title to this property is now vested solely in my name.

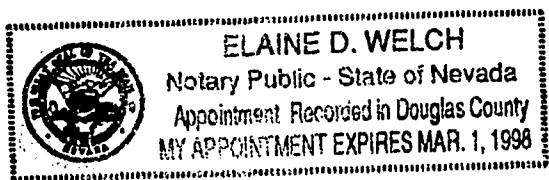
Dated this 28th day of March, 1996.


William B. Ledbetter

Subscribed and Sworn to before me
this 28 day of March, 1996.


Notary Public

STATE OF NEVADA
COUNTY OF DOUGLAS
Signed and sworn to before me on 28th
of March
by 
Notary



WALTHER, KEY, MAUPIN, OATS, COX, KLAICH & LEGOY, ATTORNEYS AT LAW, RENO, NEVADA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3 1995 09 000621

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/85)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) BEVERLEE		2. MIDDLE ANN		3. LAST (FAMILY) LEDBETTER	
4. DATE OF BIRTH MM/DD/CCYY 01/06/1933		5. AGE YRS. 62		6. SEX F	
7. DATE OF DEATH MM/DD/CCYY 09/12/1995		8. HOUR 1405			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 5905		11. MILITARY SERVICE 19 TO 19 <input type="checkbox"/> NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Harvey's Casino Resorts	
17. OCCUPATION Director Emeritus		18. KIND OF BUSINESS Hotel-Casino		19. YEARS IN OCCUPATION 43	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1268 Tamarack Dr.					
21. CITY Zephyr Cove		22. COUNTY Douglas		23. ZIP CODE 89448	
24. YRS IN COUNTY 2		25. STATE OR FOREIGN COUNTRY Nevada			
26. NAME, RELATIONSHIP William Barton Ledbetter - Husband			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 128, Stateline, NV 89449		
28. NAME OF SURVIVING SPOUSE—FIRST William		29. MIDDLE Barton		30. LAST (MAIDEN NAME) Ledbetter	
31. NAME OF FATHER—FIRST Harvey		32. MIDDLE A.		33. LAST Gross	
34. BIRTH STATE NB		35. NAME OF MOTHER—FIRST Llewellyn		36. MIDDLE Barkley	
37. LAST (MAIDEN) Barkley		38. BIRTH STATE WA			
39. DATE MM/DD/CCYY 09/16/1995		40. PLACE OF FINAL DISPOSITION Happy Homestead Cemetery, So. Lake Tahoe, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>[Signature]</i>		43. LICENSE NO. 6466	
44. NAME OF FUNERAL DIRECTOR McFarlane Mortuary		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY 09/14/1995					
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> COA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY El Dorado		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1123 Winnemucca			
106. CITY So. Lake Tahoe		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Hypertensive Cardiomyopathy		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-17399	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP			
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY 09/14/1995		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Michael Koring, Deputy Coroner	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 216608	
				CENSUS TRACT	

SEAL

19540

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF EL DORADO } SS

DATE ISSUED 09/26/1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY HEALTH DEPARTMENT.

H.A. Danner

387642 DIRECTOR OF HEALTH SERVICES

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Director.

EXHIBIT "A" BK 0596 PG 2109

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



RECORDED
MAY 13 1996

That portion of the Southwest 1/4 of Section 34, Township 14 North, Range 18 East, M.D.B. & M., described as follows:

That portion of the N 1/2 and the N 1/2 of the S 1/2 of Tract No. 2 of Lot 3 of Section 34, Township 14 North, Range 18 East, M.D.B. & M., that is situate West of the present West line of U.S. Highway 50.

Excepting therefrom any portion of the herein above described property that lies below the normal, ordinary high water mark of Lake Tahoe.

EXHIBIT "B"

REQUESTED BY
Walter Key et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 MAY 13 10:25

LINDA SLATER
RECORDER
\$ *9.00* PAID *ks* DEPUTY

387642

BK0596PG2110