

When recorded, mail to:
George M. Keele
1692 County Road
Minden, NV 89423

AFFIDAVIT OF DEATH

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

NELDA JOY CHAMBERLAIN hereby swears (or affirms) under penalty of perjury, that the following assertions are true of her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am NELDA JOY CHAMBERLAIN, formerly known as NELDA JOY RISNER, one of the owners of that certain real property located in the County of Douglas, State of Nevada, known as 1511 Deseret Drive, Minden, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 5 as shown on the Map of DESERET UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, on April 17, 1972, as File No. 58855.

Assessor's Parcel No. 25-252-03.

3. I am the daughter of JACK EDWARD CRANER, who died on December 20, 1981, in Washoe County, Nevada. Attached hereto as Exhibit A and incorporated herein is a certified copy of the Certificate of Death of Jack Edward Craner.

Nelda Joy Chamberlain
NELDA JOY CHAMBERLAIN

SIGNED AND SWORN (or affirmed)
before me on January 19, 1996,
by NELDA JOY CHAMBERLAIN.

Mary E. Davis
Notary Public



388391

BK0596PG3965

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

ROLL 51 IMAGE 374

LOCAL FILE NUMBER 1794

STATE FILE NUMBER 28573

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING COLLECTION OF CERTAIN ITEMS

RELATIVES

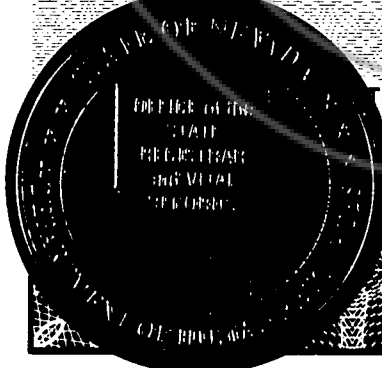
SITUATION

CERTIFIER

CONDITIONS ANY WHICH GAVE RISE TO IMMEDIATE CAUSE INCLUDING THE EARLYING PERIOD SINCE LAST

MODE OF DEATH

1. DECEASED—NAME First Middle Last Jack Edward CRANER		2. DATE OF DEATH (Month, Day, Year) December 20, 1981		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Washoe Medical Center 005-1603		3d. If Hosp. or Inst. Indicate DOA: OP/Emer. Rm. Inpatient (Specify) Inpatient	
4a. RACE—(e.g. White, Black, American Indian, etc.) (Specify) White		4b. ETHNIC American		4c. AGE—Last Birthday (Years) 61	
4d. UNDER 1 YEAR MOS.—DAYS		4e. UNDER 1 DAY HOURS—MINS		6. DATE OF BIRTH (Mo., Day, Yr.) Feb. 9, 1920	
8. STATE OF BIRTH (If not U.S.A., name country) Idaho		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. SOCIAL SECURITY NUMBER 0198		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Building Contractor		14b. KIND OF BUSINESS OR INDUSTRY Building 245-B	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN, OR LOCATION Carson City	
15d. STREET AND NUMBER 405 W. 9th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Lyle Craner		17. MOTHER—MAIDEN NAME First Middle Last Hilda Aaodt			
18a. INFORMANT—NAME (Type or Print) Nelda Craner		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 405 West 9th Street, Reno, Nevada			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. NAME AND ADDRESS OF FACILITY Walton Funeral Home, 875 W. Second St., Reno, Nevada			
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>John A. Shields, M.D.</i>		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) stated. (Signature and Title) <i>John A. Shields, M.D.</i>			
21b. DATE SIGNED (Mo., Day, Yr.) 12-21-81		21c. HOUR OF DEATH 9:41PM		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) John A. Shields, M. D., 790 Willow Street, Reno, Nevada 89502		22e. AT			
23. REGISTRAR <i>Audie Sheen</i> Deputy Registrar		24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 22, 1981			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(a) Respiratory Failure		days			
(b) Lymphoma		years			
(c)					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO MEDICAL EXAMINER OR 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	
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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE					



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Issued: JAN 04 1996

Therese Sylva
Deputy Registrar

No. 28573



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

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COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 MAY 22 P3:27

388391
BK 0596 PG 3967

LINDA SLATER
RECORDER
\$ 9.00 PAID KD DEPUTY