

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
COUNTY OF DOUGLAS)

MARY A. ANDERSON being first duly sworn, deposes and says:

That Affiant is the surviving spouse of ROBERT F. ANDERSON and that the Affiant and the said ROBERT F. ANDERSON, deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 26TH day of JULY 1978 under the terms of which ELLIS W. FREDERICK AND SAMMIE E. FREDERICK, husband and wife was Seller, to ROBERT F. ANDERSON AND MARY A. ANDERSON, husband and wife, as Joint Tenants, upon the terms, covenants, and provisions as set forth therein, said document recorded AUGUST 10, 1978 in Book 878 Page 824 being Document No. 23934 of the Official Records in DOUGLAS County, Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada. APN 21-260-05

THE WEST 339.80 FEET OF THE SOUTH 300.00 FEET OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 35, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M.,

SUBJECT TO RESERVATION FOR ROADWAY AND UTILITY PURPOSES OVER THE WESTERLY TWENTY-FIVE (25) AND OVER THE SOUTHERLY TWENTY-FIVE (25) FEET OF SAID PREMISES.

That the said ROBERT F. ANDERSON one of the Grantees on the Joint Tenancy Deed, died on the 6TH day of May 1994 in Carson City and is the identical person named in the Certificate of Death. That all interest in and to said real property hereinabove described, vested absolutely in Affiant as of the date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE me this 26th day of August 1996

[Signature of Notary Public]
NOTARY PUBLIC

[Signature of Mary A. Anderson]
MARY A. ANDERSON



SIGN & RETURN

396295

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

CREDIT REVIEW DEPARTMENT

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER			
DECEASED—NAME First Middle Last 1. Robert Fenton ANDERSON		DATE OF DEATH (Month-Day-Year) 2. May 6, 1994	COUNTY OF DEATH 3a. Carson City		
CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Frm. Inpatient (Specify) 3d. Emergency Room 4. Male		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 69	UNDER 1-YEAR MOS. DAYS 7b.	UNDER 1-DAY HOURS MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) December 25, 1924
STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education—Specify highest grade completed. 10. 16+	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Mary Ardis	
SOCIAL SECURITY NUMBER 13. [REDACTED] 1140		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Minister		KIND OF BUSINESS OR INDUSTRY 14b. Pastor—Sierra View Comm. Church	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 2703 E. Valley Rd.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Harris William Anderson		MOTHER—MAIDEN NAME First Middle Last 17. Evelyn Marie Anderson			
INFORMANT—NAME (Type or Print) 18a. Mary Anderson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2703 E. Valley Rd., Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION—City or Town—State 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Walter Wright</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. 1218 N. Roop St. Carson City, Nevada 89706 Walton's Chapel of the Valley		
TO BE COMPLETED BY CERTIFYING PHYSICIAN	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>Dennis Green</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) and manner stated. (Signature and Title) <i>Dennis Green</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c.	DATE SIGNED (Mo., Day, Yr.) 22b. 05-10-94	HOUR OF DEATH 22c. 1724	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. 05/06/94	PRONOUNCED DEAD (Hour) 22e. 1724	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. Chief Deputy Coroner, Dennis Green, 901 E. Musser ST., C. C., NV		LICENSE NUMBER 23b. A6		
REGISTRAR 24a. (Signature) <i>Catherine Bolner</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 11, 1994	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Consistant with ASCVD		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c)		Interval between onset and death			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f.	LOCATION—STREET OR R.F.D. No., CITY OR TOWN, STATE 28g.			

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

Date Issued: MAY 11 1994

STATE REGISTRAR

Deputy Registrar

No. 064288



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DOUGLAS CO., NEVADA

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LINDA SLATER
RECORDER
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