

AND WHEN RECORDED MAIL TO

NAME: Leta Sparks
STREET ADDRESS: 3660 Granite Way
CITY, STATE, ZIP: Wellington, Nevada 89444

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} SS.

I, LETA SPARKS, of legal age, being first duly sworn, deposes and says: That REX W. SPARKS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as REX W. SPARKS named as one of the parties in that certain Joint Tenancy deed dated June 19, 1980, executed by TOPAZ DEVELOPMENT CORP., a Nevada Corporation to REX W. SPARKS AND LETA SPARKS, husband and wife as joint tenants, recorded as Instrument No. 45454, on June 19, 1980, in book 680, page , of Official Records of 1912, Douglas County, Nevada covering the following described property situated in the unincorporated area in the County of Douglas, State of Nevada

Lot 15, in Block S, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the Recorder of Douglas County, Nevada.

APN: 37-402-08

This instrument is being re-recorded to reflect the correct block reference.

STATE OF NEVADA

County of DOUGLAS

On SEPT. 20 1996 before me, a notary public, personally appeared

LETA SPARKS

)
) SS.
)

Leta Sparks
LETA SPARKS

personally known or proved to me to be the person(s) whose name(s) IS subscribed to the above instrument who acknowledged that SHE executed the instrument.

Dixie C. Harris
Notary Public



(This area for official notarial seal)

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
			1. Rex William SPARKS		2. July 4, 1994		3a. Douglas	
	CITY, TOWN, OR LOCATION OF DEATH		3b. Wellington		3c. 3660 Granite		4. Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		5. White		6. AGE—Last Birthday (Years) 7a. 77		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	
	STATE OF BIRTH (If not U.S.A., name country)		9a. Montana		9b. U.S.A.		10. 9	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER		13. [REDACTED] 7514		14a. Auto Body Metal Repairman		14b. Auto Body Business	
	RESIDENCE—STATE		15a. Nevada		15b. Douglas		15c. Wellington	
	CITY, TOWN, OR LOCATION		15d. 3660 Granite		15e. Yes		INSIDE CITY LIMITS (Specify Yes or No)	
	FATHER—NAME First Middle Last		16. William J. Sparks		MOTHER—MAIDEN NAME First Middle Last		17. Vernie Sparks	
	INFORMANT—NAME (Type or Print)		18a. Oleta Sparks		18b. 3660 Granite, Wellington, Nevada 89444		18c. Reno, Nevada	
PARENTS	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19a. Cremation		19b. Sierra Crematory		19c. Walton's Chapel of the Valley	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER		20b. 2	
	NAME AND ADDRESS OF FACILITY		20c. 1281 N. Rook 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.	
DISPOSITION	DATE SIGNED (Mo., Day, Yr.)		21b. 7-8-94		HOUR OF DEATH		21c. 1730	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. Frank Shallenberger, M. D., 1524 Hwy 395, Gardnerville, Nevada		LICENSE NUMBER		23b. 4951	
	REGISTRAR		24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. July 8, 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).)		Interval between onset and death	
CERTIFIER	PART I		(a) Chronic emphysema		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	PART II		(c) 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. M	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	INJURY AT WORK (Specify Yes or No)		28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f.	
	LOCATION		28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	
	28g.							
CAUSE OF DEATH	28g.							

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

Date Issued: JUL 08 1994

[Signature]
SEAL
Deputy Registrar

No. 005250



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

400517

BK 1196 PG 1202

396834 BK 996 PG 3106

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 NOV -7 P12:02

LINDA SLATER
RECORDER
\$ 9.00 PAID ka DEPUTY

400517
BK1196PG1203

REQUESTED BY
Leta Sparks
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 SEP 20 P3:22

LINDA SLATER
RECORDER
\$ 9.00 PAID JZ DEPUTY

396834
BK0996PG3107