

20193559

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

FRANK C. DE SELLE being first duly sworn, deposes and says:

That Affiant is the surviving spouse of SUZETTE DE SELLE and that the Affiant and the said SUZETTE DE SELLE, deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 11th day of April, 1980 under the terms of which RICHARD W. EGAN AND DOLORES JANE EGAN, HUSBAND AND WIFE was Seller, to FRANK C. DE SELLE AND SUZETTE DE SELLE husband and wife, as Joint Tenants, upon the terms, covenants, and provisions as set forth therein, said document recorded April 18, 1980 in Book 480 Page 1091 being Document No. 43781 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.

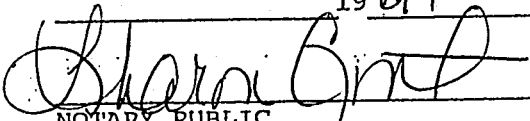
Lot 58 of FISH SPRING ESTATES, according to the map thereof, filed for record in the office of the County Recorder of Douglas County Nevada, on August 30, 1973, as Document No. 68451

APN 35-302-13

That the said SUZETTE DE SELLE one of the Grantees on the Joint Tenancy Deed, died on the 2 day of June 1994 in Reno Nevada 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 21 day of DEC 1991


FRANK C. DE SELLE


NOTARY PUBLIC

SHARON GOODWIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
MY APPOINTMENT EXPIRES JUNE 14, 1998

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 82 IMAGE 78

LOCAL FILE NUMBER 1153

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

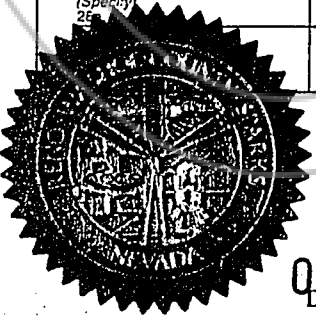
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Suzette Del DE SELLE		2. DATE OF DEATH (Month, Day, Year) June 2, 1994		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 41		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) December 3, 1952		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Frank DeSelle	
13. SOCIAL SECURITY NUMBER 2425		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Planner		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1263 Marj		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Clarence Abbott	
17. MOTHER—MAIDEN NAME First Middle Last Dee Breau		18a. INFORMANT—NAME (Type or Print) Frank DeSelle		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1263 Marj, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such Capacity) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 25		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431	
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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 6/3/94 HOUR OF DEATH 0321 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Zebrack, M.D., Jerry N. 85 Kirman Ave. #202, Reno, Nv 89502		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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)		22d. ON 22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Zebrack, M.D., Jerry N. 85 Kirman Ave. #202, Reno, Nv 89502		23b. LICENSE NUMBER 2599		24. REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 3, 1994 24c. DEATH DUE TO COMMUNICABLE DISEASE 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		Interval between onset and death	
PART I (a) Cardiac arrest. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(b) Congestive cardiomyopathy. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART II (c) Breast cancer. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		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. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	



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

0429169
Deputy Registrar: *[Signature]*

Date: **DEC 12 1997**

No. 064198

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1297864814

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COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 DEC 24 AM 11:45

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LINDA SLATER
RECORDER
\$ ^{9.00} PAID *K* DEPUTY