

When Recorded, Mail to:
 ✓ BROOKE & SHAW
 1590 Fourth Street
 Minden, NV 89423

RPTT #8

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That DOROTHY E. LITTLE, surviving Trustee of the TRUST OF EDWARD L. LITTLE and DOROTHY E. LITTLE, GRANTOR grants to DOROTHY E. LITTLE, a widow as her sole and separate property, all that property which is describe in the Quitclaim Deed:

Lot 67, as shown on that certain map entitled "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 4" filed in the office of the Recorder of Douglas County, Nevada on March 22, 1972.

Assessment Parcel No. ~~25 403-08~~ 1220-04-514-017

A copy of the death certificate of TRUSTEE EDWARD L. LITTLE is attached hereto and incorporated herein by reference.

TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or anywise appertaining.

IN WITNESS WHEREOF, executed on this 17th day of September, 1998.

Dorothy E. Little
 DOROTHY E. LITTLE

STATE OF NEVADA)
) ss.
 COUNTY OF DOUGLAS)

On this 17th day of September, 1998, personally appeared before me, a Notary Public in and for the County and State aforementioned, DOROTHY E. LITTLE, known to me to be the person described in and who executed the foregoing instrument, and duly acknowledged to me that she executed the same freely and voluntarily and for the uses and proposes therein mentioned.

Connie Rosdal-Buda
 Notary Public **0450077**



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 87 IMAGE 915

LOCAL FILE NUMBER

1211

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK FOR PROCEDURE AND SECTION OF REFERENCE ITEMS

PARENTS

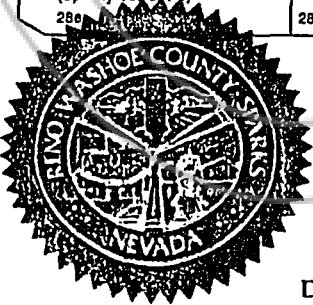
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Edward L. LITTLE		2. DATE OF DEATH (Month, Day, Year) June 8, 1996		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		If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Location (Specify) 3e. Inpatient		4. SEX Male					
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 75		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) January 22, 1921	
9a. STATE OF BIRTH (If not U.S.A., name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 20±		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Dorothy E. Prager			
13. SOCIAL SECURITY NUMBER [REDACTED]-9917		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Aerospace Engineer		14b. KIND OF BUSINESS OR INDUSTRY Cal-Tech Jet Propulsion Laboratory							
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1378 Elges Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Edward Carl Little		17. MOTHER—MAIDEN NAME First Middle Last Delila Faust									
18a. INFORMANT—NAME (Type or Print) Dorothy E. Little = Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1001 Gardnerville, Nevada 89410									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada							
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]		20b. FUNERAL DIRECTOR LICENSE NUMBER 126		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1555 Hwy 395, Minden, Nevada 89423							
21a. 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>Kosta M. Arger, M.D.</i> DATE SIGNED (Mo., Day, Yr.) <i>6-11-96</i>		21c. HOUR OF DEATH 1048		22a. To be completed by Coroner's Office 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) _____ DATE SIGNED (Mo., Day, Yr.) _____		22b. HOUR OF DEATH 22c.		22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22e. AT _____			
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Kosta M. Arger, M.D., 175 Pringle Way, Reno, NV. 89502		23a.		23b. LICENSE NUMBER 4093							
24a. REGISTRAR (Signature) <i>Quelie Shen</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 11, 1996		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).) PART I (a) <i>RESPIRATORY FAILURE</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Congestive Heart Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death		Interval between onset and death							
PART II 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) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		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	



STATE REGISTRAR

No. 096931

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

Deputy Registrar: *Quelie Shen*

Date: JUN 17 1996

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0450077

BK0998PC4626

COPY

REQUESTED BY
BROCKE + SHAW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 SEP 23 P1:59

0450077
BK0998PG4627

LINDA SLATER
RECORDER
\$ 9.00 PAID *[Signature]* DEPUTY