

All that certain lot, piece or parcel of land situate in Section 3, Township 12 North, Range 19 East M.D.B. & M. County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Parcel 4D-1, as set forth on Parcel Map No. 2 for JOE M. EDWARDS, etal, filed for record in the office of the County Recorder of Douglas County, State of Nevada on March 15, 1993, in Book 393, Page 3042, as Document No. 302061.

PARCEL 2:

Description of an access easement across Parcel 4D-2 of Parcel Map Recorded as Document No. 297458, Douglas County, Nevada, within Section 3, Township 12 North, Range 19 East, M.D.B. & M., and more particularly described as follows:

Commencing at the West 1/4 corner of Section 3, as shown on Parcel Map recorded as Document No. 297458, Douglas County, Nevada; thence South 00°09' East 234.90 feet; thence South 00°06'52" East, 174.97 feet; thence along the North line of Parcel 4D-2, South 88°42'59" East 356.11 feet to the Northeast corner of Parcel 4D-2, said point also being the TRUE POINT OF BEGINNING; thence along a non-tangent curve to the left with a tangent bearing of South 01°17'01" West with radius of 45.00 feet, central angle of 29°30'27" and arc length of 23.18 feet to the Westerly line of an existing 20 foot waterline and emergency exit easement; thence along said easement, South 35°23'18" West 39.72 feet; thence along a non-tangent curve to the left with radius of 25 feet, central angle of 62°14'42" and arc length of 27.16 feet (chord bears North 04°15'57" East, 25.84 feet); thence along a curve to the right with radius of 45.00 feet, central angle of 38°24'28" and arc length of 30.17 feet; thence South 88°42'59" East, 19.69 feet to the TRUE POINT OF BEGINNING.

A.P.N. 19-042-29

0454676

PK 1198PG5017

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VB-11 (REV. 11/88)				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Maria		2. MIDDLE Guadalupe		3. LAST (IF FAMILY) Kelly					
	4. DATE OF BIRTH MM/DD/CCYY 01/02/1940		5. AGE YRS. 57		6. SEX Female		7. DATE OF DEATH MM/DD/CCYY 07/03/1997			
	8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 7132		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Married			
	14. RACE White		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES Mexican <input type="checkbox"/> NO		16. USUAL EMPLOYER Prudential Insurance Company					
	17. OCCUPATION Office Manager		18. KIND OF BUSINESS Insurance		19. YEARS IN OCCUPATION 37					
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION 1445 Mercado Glen									
	21. CITY Escondido		22. COUNTY San Diego		23. ZIP CODE 92026	24. YRS IN COUNTY 17	25. STATE OR FOREIGN COUNTRY CA			
INFORMANT	26. NAME, RELATIONSHIP Joseph Dean Kelly Husband		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1445 Mercado Glen Escondido CA 92026							
	28. NAME OF SURVIVING SPOUSE—FIRST Joseph		29. MIDDLE Dean		30. LAST (MAIDEN NAME) Kelly					
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Rogelio		32. MIDDLE -		33. LAST Miranda		34. BIRTH STATE AZ			
	35. NAME OF MOTHER—FIRST Marie		36. MIDDLE -		37. LAST (MAIDEN) Garcia		38. BIRTH STATE NM			
	39. DATE MM/DD/CCYY 07/07/1997		40. PLACE OF FINAL DISPOSITION Oak Hill Memorial Park 2640 Glenridge Rd. Escondido, CA 92027							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Matthew Nels</i>			43. LICENSE NO. 7247				
	44. NAME OF FUNERAL DIRECTOR Alhiser -Wilson Mortuary		45. LICENSE NO. FD297	46. SIGNATURE OF LOCAL REGISTRAR <i>Robert K. Ross</i>		47. DATE MM/DD/CCYY 07/07/1997				
PLACE OF DEATH	101. PLACE OF DEATH Decedent's Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY San Diego			
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1445 Mercado Glen					106. CITY Escondido				
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				TIME INTERVAL BETWEEN ONSET AND DEATH 6 Mos.	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 7-043				
	IMMEDIATE CAUSE (A) Carcinoma of Lung					109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	DUE TO (B)					110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	DUE TO (C)					111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	DUE TO (D)									
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Yes Laparotomy 02/19/1997										
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 02/20/1997		DECEDENT LAST SEEN ALIVE MM/DD/CCYY 05/28/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>Joel Allgood, MD</i>		116. LICENSE NO. C29428			
	117. DATE MM/DD/CCYY 07/07/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Joel Allgood, MD 121 N. Fig Escondido, CA 92025							
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR			
	123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. # 9709377	CENSUS TRACT

A0042530

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: July 09, 1997

ROBERT K. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless presented in original order displaying seal and signature of Registrar.

0454676

BK 1198 PG 5018

454676

COPY

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

'98 NOV 20 P3:53

0454676.

BK 1198PG5019

LINDA SLATER
RECORDER
\$ 10.00 PAID *AS* DEPUTY