AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA) ss. COUNTY OF DOUGLAS)

DONALD F. HELLWINKEL and DANIEL R. HELLWINKEL, being first duly sworn, depose and say:

That Affiants are surviving sons of MARY JOSEPHINE
HELLWINKEL, and that Affiants and the said MARY JOSEPHINE
HELLWINKEL, deceased, are the grantees in joint tenancy of the hereinafter described parcels of land situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

Lots 11, 12 and 13, in Block 8, as described in the official plot of map of the town site of Minden, Douglas County, Nevada, filed in the Office of the Recorder of Douglas County, Nevada. APN 25-200-24. 640

New 1320-29-410-027

Lots 17, 18, 19 and 20, in Block E, as described in the official plot or map of the town site of Minden, Douglas County, Nevada. APN 25-200-29.000

Lots 1, 2, 3 and 4, in Block E, as described in the official plot or map of the town site of Minden, Douglas County, Nevada. APN 25-200-26.010

That the said MARY JOSEPHINE HELLWINKEL, one of the joint tenant grantees respecting said real properties died on the 6th day of December, 1983, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A," that said certified copy of Death Certificate hereby referred to, and by such reference, is incorporated into this paragraph as though herein fully set forth.

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Mark Mark

That all interest in and to the above-described real property vested absolutely in DONALD F. HELLWINKEL and DANIEL R. HELLWINKEL, as tenants in common, as of the date of Decedent's death. DONALD F. HELLWINKEL and DANIEL R. HELLWINKEL have executed this Affidavit evidencing the fact that they hold title as tenants in common.

DATED: This 28 day of December, 1998.

By Mold tellwinker

DONALD F. HELLWINKEL

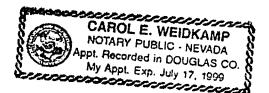
By Hour y & Bland

DANIEL R. HELLWINKEL

SUBSCRIBED AND SWORN TO before me this

28 day of Accember , 1998.

NOTARY PUBLIC



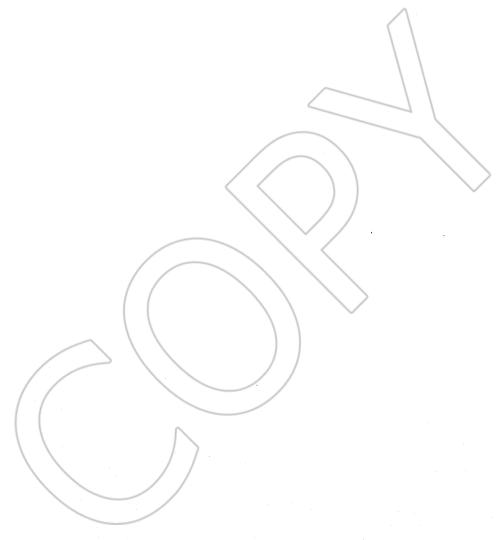


DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

		BIVISION -	CERTIFICATE OF D		(3 - 94) 6 3 6 6 6 = -
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
OR PRINT IN PERMANENT	ı Marv	Josephine	Raycraft HELLWINKE		
BLACK INK	CITY, TOWN, OR LOCATION OF DE	ATH HOSPITAL OR OTHE	R INSTITUTION—Name (If not either, give st	reet and number) INSIDE CITY LIMITS (Specify Yes or No)	3a. Carson City ((Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
DECEDENT.	3b. Carson City		Tahoe Hospital	3d. Yes	3c Emer. Rm. 2
	RACE—(e.g., White, Black, Americ Indian, etc) (Specify) 4a. White		AGE—Last UNDER 1 YEAR Birthday (Years) MOS : DAYS	HOURS MINS DATE OF BIRTH (A	
IF DEATH	STATE OF BIRTH	46. German	TRY MARRIED, NEVER MARRIED WIDOWED, DIVORCED		9, 1899 7. Female
OCCURRED IN INSTITUTION SEE HANDBOOK	(If not U.S.A., name country) 8 Nevada	g. USA	WIDOWED, DIVORCED ISpecifWidowed		U.S. ARMED FORCES? (Specify Yes or No) 12 NO
REGARDING Completion of	SOCIAL SECURITY NUMBER	Working Life, Even if Ret	ve Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	161
RESIDENCE ITEMS	13. 7525 RESIDENCE—STATE	140. Houset	vife //	146. Homemaking	
└> [_{isb.} Douglas	15c Minden	STREET AND NUMBER	INSIDE CITY LIMITS (Specily Yes or No)
	FATHER—NAME First	Middle	Last MOTHER—MAI	15d 581 Mono St	Middle Lest
PARENTS:	16. Richard		Raycraft 17.	Annie	Hickey
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town	
	BURIAL, CREMATION, REMOVAL,		18b. P.O. Box 7,	Minden, Nevada 894	23 City or Town State
	19a Burial		Genoa Cemetery		,
DISPOSITION-	FUNERAL DIRECTOR SIGNATURE IN			19c. Genoa	, Nevada
Į	20a. * Miller	206. V	Valton Funeral Home	1281 N Roop St Car	son City, Nevada
1	21a. To the best of my knowl	W # 1	date and place and	22a. On the basis of examination and/or at the time, date and place and due t	nvestigation, in my opinion death occurr o the cause(s) stated.
	(Signature and Title) DATE SIGNED (Mo., Day	, Yr.J HOUR OF D	EATH BE	(Signature and Title) DATE SIGNED (Ma., Day, Yr.)	HOUR OF DEATH
	eg S≧ 21b. Dec. 6	5, 1983 21c.	9:06 A.M.	22b.	22c.
CERTIFIER		PHYSICIAN IF OTHER THAN CERTI			PRONOUNCED DEAD (Hour)
	21d.	/ _ /			22e. AT
- [A A	AL EXAMINER OR CORONER) (Type or Print		,
CONDITIONS	REGISTRAR ()	chale Rosenkran	z (MD) 1200 Mountai	n St. Carson City, ISTRAR <i>(Mo., Day, Yr.)</i> DEATH DUE TO CO	Nevada 89701 DMMUNICABLE DISEASE
IF ANY WHICH GAVE	24a. (Signature)		noch 246. Dec. 7	7 1983 24c. YES	NOXXX
MISE TO IMMEDIATE CAUSE		TER ONLY ONE CAUSE PER LINE	OR (a), (b), AND (c).)		• Interval between onset and — th
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) CARDI	URESPIRATOR	24 ARREST		
CAUGE LAGI	6 ((6)	MULICE OF.			Interval between onset and death
└ →	DUE TO, OR AS A CO	INSEQUENCE OF:			• Interval between onset and death
CAUSE OF	(c)				:
DEATH	OTHER SIGNIFICANT CO	NDITIONS—Conditions contributin	g to death but not related to cause given in	PART 1 (a) AUTOPSY (S Yes	pecify WAS CASE REFERRED TO CORONER (Specify Yes or No)
\ \	ACC. SUICIDE, HOM, UNDET [C	DATE OF INJURY (Mo., Day, Yr.) HI	OUR OF INJURY DESCRIBE HOW I	26, NO	27. No
1	OR PENDING INVEST: (Specify) 28a. 2	18b. 21	Bc. M 28d.		
		PLACE OF INJURY—At home, farm building, etc. (5	street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	Mar.	28f.	28g.	1	
	This is to	certify that the above is	a true and correct copy	100/072 or 6 1	Nº 42089
			ice. VITAL RECORDS	m consuge	Va Comment
	Alle Seldi Date Issue	od: AUG 19	1996	Deputy Registra	
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LINDA SLATER
RECORDER
PAID ALDEPUTY