

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada,
 County of Douglas

SS.

I hereby certify that the above instrument is a true and correct copy of the original as recorded on the file of the property involved.

JAMES L. BREEDEN, of legal age, being first duly sworn, deposes and says: That NANCY L. BREEDEN, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as NANCY L. BREEDEN named as one of the parties in that certain GRANT DEED dated JUNE 4, 1990 executed by JAMES R. BLUEBERG AND MARY BLUEBERG AND JAMES BREEDEN AND NANCY BREEDEN to JAMES BREEDEN AND NANCY L. BREEDEN as joint tenants, recorded as Instrument No. 228109 on JUNE 14, 1990 in Book 690., Page 1878. of Official Records of DOUGLAS County, Nevada covering the following described property situated in the County of DOUGLAS, State of Nevada.

The Southeast 1/4 of the Northwest 1/4 of the Southeast 1/4 and the Northeast 1/4 of the Southwest 1/4 of the Southeast 1/4 of Section 17, Township 12 North, Range 21 East, M.D.B.&M.
 Assessor's Parcel No. 35-170-07

Together with that certain Quitclaim Deed dated November 29, 1977 executed by WILLIAM G. BREEDEN AND MARY S. BREEDEN to JAMES L. BREEDEN AND NANCY L. BREEDEN, as Joint Tenants, recorded as Instrument No. 15428 on NOVEMBER 28, 1977 in Book 690 1177, Page 1687 of Official Records of DOUGLAS County, Nevada covering the following described property situated in the County of DOUGLAS, State of Nevada.

Parcel I
 The Northwest Quarter of the Northwest Quarter of the Southeast Quarter of Section 17, Township 12 North, Range 21 East, M.D.B.&M..

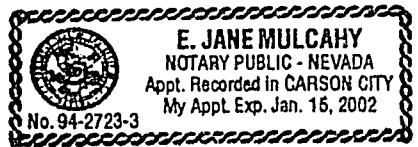
Parcel II
 The Northwest Quarter of the Northwest Quarter of the Southeast Quarter of Section 17, Township 12 North, Range 21 East, M.D.B.&M.
 Assessor's Parcel No.35-170-17

Dated: March 16, 1999

James L. Breedem

 JAMES L. BREEDEN

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,
 this 16th day of March, 1999
 WITNESS my hand and official seal.



Signature *E. Jane Mulcahy*

 E. Jane Mulcahy
 Name (Typed or Printed)

When Recorded Please Mail To:
 James L. Breedem
 P.O. Box 1714
 Gardnerville, Nevada 89410

This document is recorded as an accommodation and subject to the usual conditions of the recording office. It is not intended to create a lien or priority over any other interest in the property involved.

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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Nancy L. BREEDEN		2. DATE OF DEATH (Month, Day, Year) January 2, 1999	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. 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 checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 60		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Feb. 7, 1938	
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. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) James L. Breedren		13. SOCIAL SECURITY NUMBER ██████-7904	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Administrative Services		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 2345 Pinenut Rd.#2	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Norton Bell	
17. MOTHER—MAIDEN NAME First Middle Last Jeanette Graham		18a. INFORMANT—NAME (Type or Print) James L. Breedren - Husband	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 1714, Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410		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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 1/4/99	
21b. HOUR OF DEATH 1442		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada	
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 1/4/99		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Hour)		22d. ON	
22e. AT		22f. LICENSE NUMBER 6433	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada		23b. LICENSE NUMBER 6433	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 4, 1999	
24c. 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))	
PART I (a) Respirator failure		Interval between onset and death 2 days	
(b) Pneumonia		Interval between onset and death 2 days	
(c) Sepsis		Interval between onset and death 2 days	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Severe Rheumatoid Arthritis		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. STREET OR R.F.D. No. CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH



STATE REGISTRAR

No. 140416

Yvonne Sylvia

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

Date Issued: JAN 04 1999

0463794

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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BK 399 PG 4810

REQUESTED BY
MARQUIS TITLE & ESCROW, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 MAR 19 P4:37

0463794

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LINDA SLATER
RECORDER

\$ 9.00 PAID KS DEPUTY