

AFFIDAVIT - DEATH OF JOINT TENANT

CARRIE GATES, of legal age, being first duly sworn, deposes and says:

That ALYCE TEXIERA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALYCE TEXIERA

named as one of the parties in that certain GRANT DEED dated OCTOBER 3, 1994

executed by ALYCE TEXIERA

to ALYCE TEXIERA a widow and CARRIE GATES, a widow

as joint tenants, recorded as Instrument No. 347668, on OCTOBER 5, 1994, in

Book 1094, Page 605, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the _____

_____, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 92, in Block A as shown on the plat of KINGSLANE UNIT NO. 3B, filed for record in the office of the County Recorder of Douglas County, Nevada, on October 26, 1977, in Book 1077, Page 1588, as File No. 14385.

A.P.N. 1220-04-113-010

Dated 4-16-99

STATE OF CALIFORNIA

COUNTY OF Contra Costa
On 4-16-99 personally
appeared before me, a Notary Public,

Carrie Gates
S.S. CARRIE GATES

CARRIE GATES
personally known or proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

Signature Sarah Douglas



(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name CARRIE GATES
Street Address C/O JOHN LUNDBERG
786 CALMAR AVE
City, State Zip OAKLAND, CA 94610

0467024

BK0499PG6770

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	DECEASED—NAME First Middle Last 1. Alice Aka Alyce TEXIERA TEXIERA	DATE OF DEATH (Month, Day, Year) 2. February 22, 1999	STATE FILE NUMBER
		CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Valley Meadows Living Care	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> no <input checked="" type="checkbox"/> yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 84	UNDER 1 YEAR MOS : DAYS 7b. :
	STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	UNDER 1 DAY HOURS : MINS 7c. :
	SOCIAL SECURITY NUMBER 13. 2492	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	DATE OF BIRTH (Mo., Day, Yr.) 8. October 28, 1914
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	SURVIVING SPOUSE (If w/e, give maiden name) 12.
			STREET AND NUMBER 15d. 1375 Queens Ct.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
PARENTS	FATHER—NAME 16. James H. Hammill	MOTHER—MAIDEN NAME 17. Edith M. Kustel		
	INFORMANT—NAME (Type or Print) 18a. George R. Sargent	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3114 Chubasco Way, Carson City, Nevada 89701		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James R. Sargent</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
CERTIFIER	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>David S. Hoskins</i>		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>David S. Hoskins</i>	
	DATE SIGNED (Mo., Day, Yr.) 21b. 2/23/99	HOUR OF DEATH 21c. 1607	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. David S. Hoskins, M.D., P. O. Box 2200, Gardnerville, Nevada			LICENSE NUMBER 23b. 4628
	REGISTRAR 24a. (Signature) <i>Yvonne Sylva</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 24, 1999	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
	PART I (a) Acute GI Bleed	Interval between onset and death		
	(b) Progressive Malnutrition and Dehydration	Interval between onset and death		
	(c) Dementia with Failure to Thrive	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. Anemia, hyponatremia	AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



STATE REGISTRAR

No. 145721

Yvonne Sylva

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

Date Issued **FEB 24 1999** **0467024**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

'99 APR 30 P12:14

0467024

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LINDA SLATER
RECORDER

\$ 9.00 PAID KZ DEPUTY