

ESCROW NO. 99071256

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF DOUGLAS } ss.

HARRY J. DICKSON, of legal age, being first duly sworn, deposes and says:  
That BILLIE JANE DICKSON, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as BILLIE J. DICKSON  
named as one of the parties in that certain DEED dated November 02, 1964  
executed by STANLEY L. TOWNE and SHIRLEY A. TOWNE, husband and wife  
to HARRY J. DICKSON and BILLIE J. DICKSON, husband and wife  
as joint tenants, recorded as Instrument No. 26528, on November 10, 1964  
in Book 27, Page 666, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

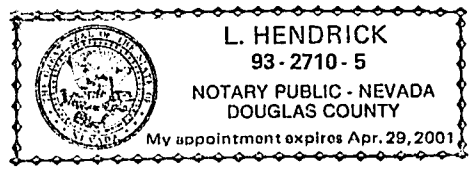
Township 12 North, Range 19 East, M.D.B.&M.:  
Section 9: SW 1/4 of the NW 1/4  
Assessor's Parcel No. 19-110-02

TOGETHER WITH that exclusive easement as disclosed by that  
certain Stipulation recorded March 6, 1978 in Book 378, Page  
342, Document No. 18234.

DATE: July 22, 1999

*Harry J. Dickson*  
HARRY J. DICKSON

STATE OF Nevada }  
COUNTY OF DOUGLAS } ss.



This instrument was acknowledged before me on 7-23-99  
HARRY J. DICKSON

(This area above for official notarial seal)

Signature *L. Hendrick*  
Notary Public

RECORDING REQUESTED BY:  
STEWART TITLE COMPANY  
WHEN RECORDED MAIL TO:

HARRY J. DICKSON  
4300 LOUISE DRIVE  
CARSON CITY, NV 89706

0473537  
BK0799PG5576

# 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

06 002068

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last 1. Billie Jane DICKSON		DATE OF DEATH (Month, Day, Year) 2. April 15, 1986	STATE FILE NUMBER
CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 4300 Louise		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 7
RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. White	ETHNIC 4b. American	AGE—Last Birthday (Years) 5a. 55	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :	DATE OF BIRTH (Mo., Day, Yr.) 6. Aug. 16, 1930
STATE OF BIRTH (If not U.S.A., name country) 8. Idaho	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. married	SURVIVING SPOUSE (If wife, give maiden name) 11. Harry Dickson		SEX 7. Female
SOCIAL SECURITY NUMBER 13. ████████-9955	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Realtor	254	KIND OF BUSINESS OR INDUSTRY 14b. Real Estate		7/2
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. 4300 Louise		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Walter C. Davis		MOTHER—MAIDEN NAME First Middle Last 17. Ann Pesota			
INFORMANT—NAME (Type or Print) 18a. Harry Dickson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 4300 Louise, Carson City, Nevada 89701			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b. Waltons Funeral Home, 1281 Roop St. Carson City, Nevada			
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.)		21b. HOUR OF DEATH 21c.		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) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. APR 15, 1986		22c. Found 1730	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Sgt. Bob Carter, Chief Dep. Coroner, 901 E. Musser St. Carson City, Nevada 89701		22d. APR 15, 1986		22e. AT 1800	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 17, 1986		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) Cardio Vascular Accident DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 26. NO	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	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	

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

By:

SEAL No 55700

Date issued:

APR 25 1994

*[Signature]*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

473537

BK799 PG 5577

COPY

REQUESTED BY  
**STEWART TITLE OF DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 JUL 30 P3:17

0473537  
BK0799PG5578

LINDA SLATER  
RECORDER  
\$ 9.00 PAID AS DEPUTY