

81842 KTK

AFFIDAVIT - DEATH OF CO-TRUSTEE

NANCY B. TAYLOR, of legal age, being first duly sworn, deposes and says:
 That HENRY T. TAYLOR, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as HENRY T. TAYLOR, CO-TRUSTEE
 named as one of the parties in that certain INDIVIDUAL GRANT DEED dated DEC. 29, 1994
 executed by BRUCE PARK
 to HENRY T. TAYLOR AND NANCY B. TAYLOR; CO-TRUSTEES OF THE TAYLOR LIVING TRUST DATED APRIL 20, 1990, as
 Co-Trustees, recorded as Instrument No. #361401, on May 3, 1995, in
 Book 0595, Page 0468, of Official Records of Douglas
 County, Nevada, covering the following described property situated in the Gardnerville
 County of DOUGLAS, State of Nevada:

See Exhibit "A" attached herewith for legal description

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY
 and without liability for the consideration therefor; or as to the validity or
 sufficiency of said instrument or for the effect of such recording on the title of
 the property involved.

Dated 8/4/99

STATE OF NEVADA

COUNTY OF Douglas
 On 8/4/99 personally
 appeared before me, a Notary Public,

} s.s. Nancy B. Taylor
NANCY B. TAYLOR

Nancy B. Taylor
 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 _____

(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 Nancy B. Taylor
 Street Address 764 Sunnyside Ct.
 City, State Zip Gardnerville, NV 89410

0474088

BK0899PG1599

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 94 IMAGE 562

1733

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	1. Henry T. TAYLOR			2. July 27, 1998		3a. Washoe	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)		SEX
	3b. Sparks		3c. Tahoe Pacific Hospital		3e. Inpatient		4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White		6.		7a. 73	7b.	7c.
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. New York		9b. U.S.A.		10. 16		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED] 0762		14a. Geotechnical Engineer		14b. Engineering			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Gardnerville		15d. 764 Sunnyside Ct.		15e. Yes
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Berkley Taylor			17. Elsie Hallock			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Nancy Taylor				18b. 764 Sunnyside Ct., Gardnerville, Nevada 89410			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy Bunker		20b. 681		20c. Society, 1614 N. Curry St., Carson City, NV 89703			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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)			(Signature and Title)			
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			
	21b. 7/29/98			21c. 0700			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)				22c. PRONOUNCED DEAD (Hour)
21d.			22d. ON				22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
23a. Robert Richeson, M.D. 236 West 6th Street Reno Nevada 89503						23b. 6747	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) Sandra Bridges Dep.		24b. July 30, 1998		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) Per. pharyngeal disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Pulmonary Fibrosis							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Respiratory failure							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						AUTOPSY (Specify Yes or No)	
						26. NO	
						27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
		28b.	28c. M	28d.			
		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
		28f.		28g.			



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

No. 134891
0474088
Date: AUG 07 1998

Deputy Registrar: *[Signature]*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BK 899 PG 1600

Exhibit "A"

all that real property in the County of DOUGLAS, State of Nevada,
being Assessor's Parcel Number ~~27-861-23~~, specifically described as:

New 1225-21-110-046

Lot 31 as set forth on the Final Map of TILLMAN ESTATES, filed for record
in the Office of the County Recorder of Douglas County, State of Nevada,
on April 12, 1994, in Book 494, at Page 2192, as Document No. 334956.

SUBJECT TO COVENANTS, CONDITIONS AND RESTRICTIONS NOW OF RECORD UNDER
DOCUMENT NO. 336073, OF OFFICIAL RECORDS.

COPY

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

'99 AUG -9 P12:12

0474088
BK0899PG1601

LINDA SLATER
RECORDER
9.00 PAID 12 DEPUTY