

AFFIDAVIT - DEATH OF JOINT TENANT

This document is recorded as an accommodation and without liability for the consideration therefore or as to the validity or sufficiency of said instrument or for the effect of such recording on the title of the property involved.

State of Nevada,

ss.

County of Douglas

VERONICA M. PARK, of legal age, being first duly sworn, deposes and says: That JAMES E. PARK, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as JAMES E. PARK named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 9, 1996 executed by LAWRENCE L. BENNETT AND CAROL L. BENNETT, husband and wife to JAMES E. PARK AND VERONICA M. PARK, husband and wife as joint tenants, recorded as Instrument No. 402812 on December 12, 1996 in Book 1296, Page 2048 and re-recorded as Instrument No. 404325 in Book 0197, Page 0927 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada.

Lot 23, in Block G, as set forth on the Official Map of Topaz Ranch Estates, Unit No. 4., filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 26, 1970, in Book 81, Page 214, as Document No. 50212, Official Records.

A.P.N. 37-464-070

Dated: 8-18-99

Veronica M. Park
VERONICA M. PARK

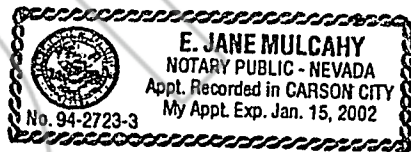
SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 18th day of August, 1999,
WITNESS my hand and official seal.

Signature E. Jane Mulcahy

E. Jane Mulcahy

Name (Typed or Printed)



When Recorded Please Mail To:
Veronica M. Park
2878 Granite Way
Wellington, NV 89444

0474786

BK0899PG3396

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/87)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (GIVEN) JAMES		2. MIDDLE E.		3. LAST (FAMILY) Park	
4. DATE OF BIRTH MM/DD/CCYY 08/27/1936		5. AGE YRS. 62		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 07/11/1999		8. HOUR 0439			
9. STATE OF BIRTH AK		10. SOCIAL SECURITY NO. -8640		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER U.S. GOVERNMENT	
17. OCCUPATION AIRCRAFT EXAMINER		18. KIND OF BUSINESS U.S. NAVY		19. YEARS IN OCCUPATION 30	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3878 GRANITE WY.					
21. CITY WELLINGTON		22. COUNTY DOUGLAS		23. ZIP CODE 89444	
24. YRS IN COUNTY 2		25. STATE OR FOREIGN COUNTRY NV			
26. NAME, RELATIONSHIP VERONICA PARK/WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3878 GRANITE WY. WELLINGTON, NV. 89444		
28. NAME OF SURVIVING SPOUSE—FIRST VERONICA		29. MIDDLE M.		30. LAST (MAIDEN NAME) ASZTALOS	
31. NAME OF FATHER—FIRST ERNEST		32. MIDDLE I.		33. LAST PARK	
34. BIRTH STATE AK		35. NAME OF MOTHER—FIRST ADA		36. MIDDLE B.	
37. LAST (MAIDEN) GRASTEIT		38. BIRTH STATE LA			
39. DATE MM/DD/CCYY 07/19/1999		40. PLACE OF FINAL DISPOSITION RES/VERONICA PARK: 3878 GRANITE WY. WELLINGTON, NV. 89444			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR SIMPLE TRADITIONS		45. LICENSE NO. FD 1555		46. SIGNATURE OF LOCAL REGISTRAR ▶ <i>Shannah J. Trickett, M.D.</i>	
47. DATE MM/DD/CCYY 07/15/1999 MN					
101. PLACE OF DEATH UCD Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY Sacramento		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2315 Stockton Boulevard		106. CITY Sacramento	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
(A) Cardiovascular Arrest		hrs			
DUE TO (B) Acute Myocardial Infarction		8 hrs		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Gastrointestinal Bleed		13 days		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) Gastric Ulcer		13 days		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Metastatic Transitional Cell Cancer of the Bladder					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Gastric Embolization 07/06/1999					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 06/25/1999		115. SIGNATURE AND TITLE OF CERTIFIER ▶ <i>[Signature]</i>		116. LICENSE NO. A060838	
117. DATE MM/DD/CCYY 07/11/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 2315 Stockton Boulevard Sacramento, CA 95817 K. Hardin, MD			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

238503

STATE REGISTRAR } CERTIFIED COPY OF VITAL RECORDS AUTH. # 6477 CENSUS TRACT

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: July 19, 1999 0474786

LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

BK0899PG3397

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



REQUESTED BY
MARQUIS TITLE & ESCROW, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 AUG 18 PM 2:47

LINDA SLATER
RECORDER

\$ 9.00 PAID AL DEPUTY

0474786

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