

ESCROW NO. 991805573  
99051311-T0

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF DOUGLAS } ss.

ARMOND MATTHEW JOHNSON, of legal age, being first duly sworn, deposes and says:  
That STEPHANIE JOHNSON, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as STEPHANIE JOHNSON  
named as one of the parties in that certain DEED dated November 07, 1997  
executed by STEPHANIE JOHNSON  
to STEPHANIE JOHNSON, an unmarried woman and ARMOND MATTHEW JOHNSON, AN  
as joint tenants, recorded as Instrument No. 0425933, on November 07, 1997  
in Book 1197, Page 1654, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: August 23, 1999

*Armond Matthew Johnson*  
ARMOND MATTHEW JOHNSON

STATE OF Nevada }  
COUNTY OF DOUGLAS } ss.



This instrument was acknowledged before me on August 23, 1999  
ARMOND MATTHEW JOHNSON

(This area above for official notarial seal)

Signature *Lori Mae Silva*  
Notary Public

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

**MATHEW JOHNSON**  
**1836 FISH SPRINGS ROAD**  
**GARDNERVILLE, NV 89410**

**0475191**  
**BK0899PG4597**

*Exhibit "A"*

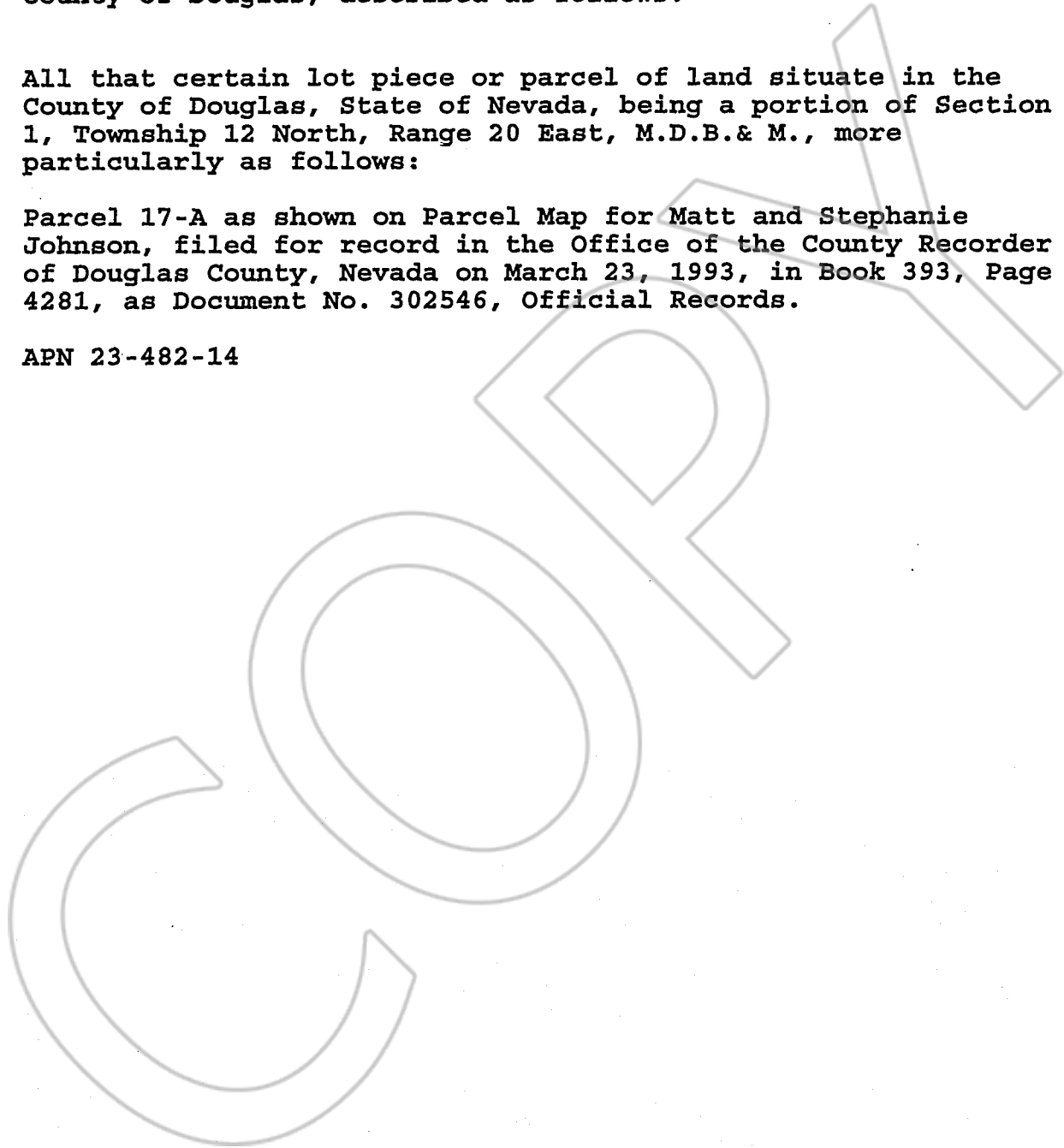
**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

All that certain lot piece or parcel of land situate in the County of Douglas, State of Nevada, being a portion of Section 1, Township 12 North, Range 20 East, M.D.B. & M., more particularly as follows:

Parcel 17-A as shown on Parcel Map for Matt and Stephanie Johnson, filed for record in the Office of the County Recorder of Douglas County, Nevada on March 23, 1993, in Book 393, Page 4281, as Document No. 302546, Official Records.

APN 23-482-14



# 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

98 014974

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>Stephanie JOHNSON</b>			DATE OF DEATH (Month, Day, Year) <b>2. December 30, 1998</b>		COUNTY OF DEATH <b>3a. Douglas</b>		
	3b. Gardnerville CITY, TOWN OR LOCATION OF DEATH		3c. Valley Meadows Convalescent Center HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient 5</b>	SEX <b>4. Female</b>	
	5. White RACE—(e.g., White, Black, American Indian, etc.) (Specify)		6. <input type="checkbox"/> 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) <b>7a. 81</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8. February 28, 1917</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. Michigan STATE OF BIRTH (If not U.S.A., name country)		9b. U.S.A. CITIZEN OF WHAT COUNTRY	10. 12 Decedent's Education. Specify highest grade completed.	11. Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
	13. 5854 SOCIAL SECURITY NUMBER		14a. Landlord USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14b. Real Estate KIND OF BUSINESS OR INDUSTRY			
	15a. Nevada RESIDENCE—STATE	15b. Douglas COUNTY	15c. Gardnerville CITY, TOWN, OR LOCATION		15d. 1836 Fish Springs STREET AND NUMBER		15e. Yes INSIDE CITY LIMITS (Specify Yes or No)	
PARENTS	16. Stanley Todys FATHER—NAME First Middle Last			17. MOTHER—MAIDEN NAME First Middle Last				
	18a. Matthew A. Johnson INFORMANT—NAME (Type or Print)			18b. P.O. Box 1175 Gardnerville, Nevada 89410 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
DISPOSITION	19a. Burial BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. Eastside Memorial Park CEMETERY OR CREMATORY—NAME		19c. Minden Nevada LOCATION City or Town State			
	20a. James A. Hill FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. 217 FUNERAL DIRECTOR LICENSE NUMBER	20c. Funeral Home 1380 Hwy 395 Gardnerville, NV 89410 NAME AND ADDRESS OF FACILITY				
	21. 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>James A. Hill</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>James A. Hill</i>					
CERTIFIER	21b. 12-30-98 DATE SIGNED (Mo., Day, Yr.)		21c. 0230 HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON PRONOUNCED DEAD (Mo., Day, Yr.)			22e. AT PRONOUNCED DEAD (Hour)
	23a. Rex T. Baggett, M.D. 710 W. Washington St Carson City, NV NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						23b. 2395 LICENSE NUMBER	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. Vela R. Kochons REGISTRAR (Signature)		24b. Dec 31, 1998 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DEATH DUE TO COMMUNICABLE DISEASE			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death
	PART I (a) Hepatic failure DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
(b) Hepatitis C DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.								
PART II Congestive heart failure	26. No AUTOPSY (Specify Yes or No)		27. Yes WAS CASE REFERRED TO CORONER (Specify Yes or No)					
28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST? (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	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		



STATE REGISTRAR

No. 140436

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

Date Issued: AUG 04 1999 0475191

*Yvonne Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

1999 AUG 24 PM 4: 06

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID *KJ* DEPUTY

0475191

BK0899PG4600