

AFFIDAVIT - DEATH OF JOINT TENANT

DANIELLE E. CURTIS, of legal age, being first duly sworn, deposes and says:

That MARY EBERTH, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as MARY R. EBERTH

named as one of the parties in that certain GRANT, BARGAIN & SALE DEED dated APRIL 19, 1988.

executed by H & S CONSTRUCTION, INC.

to FRANK A. EBERTH and MARY R. EBERTH, husband and wife as joint tenants with right of survivorship

as joint tenants, recorded as Instrument No. 176352, on April 19, 1988, in

Book 488, Page 1934, of Official Records of Douglas

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

Nevada, County of DOUGLAS, State of Nevada:

LOT 466, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676, DOCUMENT NO. 72456.

A. P. N. 1220-21-710-144

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. FOR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF TITLE.

Dated April 26, 1999

STATE OF NEVADA

COUNTY OF DOUGLAS

On April 26, 1999 personally appeared before me, a Notary Public,

} Danielle E. Curtis
s.s. DANIELLE E. CURTIS

DANIELLE E. CURTIS

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 Charlene L. Hanover



(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 Frank Eberth
Street Address 2632 Sweet Clover
City, State Zip Minden, NV 89423

0475431

BK0899P65226

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		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Mary EBERTH		DATE OF DEATH (Month, Day, Year) 2. February 7, 1999
	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		COUNTY OF DEATH 3a. Carson City
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital		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"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 77
	STATE OF BIRTH (If not U.S.A., name country) 9a. New Jersey	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 15
	SOCIAL SECURITY NUMBER 13. 0216	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Secretary	KIND OF BUSINESS OR INDUSTRY 14b. Real Estate
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville
	STREET AND NUMBER 15d. 1369 Leonard Rd.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
	FATHER—NAME First Middle Last 16. Benjamin Reeves	MOTHER—MAIDEN NAME First Middle Last 17. Myrtle Dempsey	
PARENTS	INFORMANT—NAME (Type or Print) 18a. Darrell F. Eberth - Son		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2632 Sweet Clover Ct., Minden, Nevada 89423
	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. Hill</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410
DISPOSITION	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) DATE SIGNED (Mo., Day, Yr.) 21b. 2/9/99		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) DATE SIGNED (Mo., Day, Yr.) 22b. _____
	HOUR OF DEATH 21c. 1131		HOUR OF DEATH 22c. _____
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON _____
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Richard Bessette, M.D., 1000 N. Division St., Carson City, Nev.		LICENSE NUMBER 23b. 6033
	REGISTRAR 24a. (Signature) <i>Karen Jacobs</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 2-9-99	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) <i>Pulmonary Embolus</i> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		
CAUSE OF DEATH	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
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. _____		DATE OF INJURY (Mo., Day, Yr.) 28b. _____
	INJURY AT WORK (Specify Yes or No) 28e. _____		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. _____

No. 140479

STATE REGISTRAR



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

Yvonne Sylva

Date Issued: **FEB 09 1999 0475431** 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

1999 AUG 27 PM 4: 03

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

0475431

BK0899PG5228