

AFFIDAVIT - DEATH OF JOINT TENANT

APN 23-473-51

SHARON GOODWIN, of legal age, being first duly sworn, deposes and says:
That GUS DIMITRIOS PAPPAS, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as GUS D. PAPPAS
named as one of the parties in that certain JOINT TENANCY DEED _____ dated JUNE 15, 1993
executed by CHAD TOMBYLL AND TAMMIE TOMBYLL
to GUS D. PAPPAS AND MYRNA GRANT PAPPAS, HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 310746, on JUNE 25, 1993, in
Book 693, Page 5475, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the N/A
_____, County of DOUGLAS, State of Nevada:

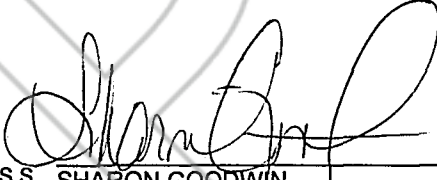
All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, in Block H, as shown on the Final Map of WILDFLOWER RIDGE UNIT 7B, filed for record in the office of the
County Recorder of Douglas County, State of Nevada, on October 2, 1991, in Book 1091, Page 331, as Document No.
261707.

A.P.N. 23-473-51

Dated OCTOBER 1, 1999

STATE OF NEVADA }
COUNTY OF DOUGLAS


S.S. SHARON GOODWIN
ESCROW OFFICER, WESTERN TITLE

This instrument was acknowledged before me on
10/1/99
by SHARON GOODWIN



Notary Public



(This area for official notarial seal)

Title Order No.00081960

Escrow or Loan No.6889789970

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name **MYRNA GRANT PAPPAS**
Street Address **1767 BITTERBRUSH COURT**
City, State Zip **GARDNERVILLE, NV 89410**

0478156
BK1099PG0763

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Gus Dimitrios PAPPAS		2. September 26, 1999		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1767 Bitterbrush		3e.		4. Male	
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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 66		8. November 22, 1932	
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		SURVIVING SPOUSE (If wife, give maiden name)	
13. 3773		14a. Owner/Operator		14b. Restaurant Industry		12. Mryna Bratskeir	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1767 Bitterbrush	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				INSIDE CITY LIMITS (Specify Yes or No)	
16. Dimitrios Pappas		17. Eftihia Hadzellis				15e. Yes	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Mryna Pappas		18b. 1767 Bitterbrush, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal Burial		19b. Beth David Cemetery		19c. Hollywood, Florida			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>Mmy B...</i>		20b. 9		20c. 1281 North Roop St., Carson City, Nevada 89706			
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)		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.)		HOUR OF DEATH	
21b. 9/28/99		21c. 1135		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
23a. Dr. A. Field, 412 W. John Street, Carson City, Nevada 89703		23b. 3339					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>Vera R. Kachanos</i>		24b. Sept. 30, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
PART I (a) Sudden Cardiac Death		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <i>45 chronic cardiovascular pathology</i>		DUE TO, OR AS A CONSEQUENCE OF:				years	
(c) <i>Coronary artery disease</i>		DUE TO, OR AS A CONSEQUENCE OF:				years	
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

No.154820

STATE REGISTRAR

Sylvia

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

Date Issued:

SEP 30 1999 0478156

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1099PG0764 (BK1099 PG 764)

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

1999 OCT -5 PM 12: 30

LINDA SLATER
RECORDER

0478156
BK 1099PG0765

\$ 9.00 PAID ka DEPUTY