

9 APN 13-265-02

AFFIDAVIT - DEATH OF A JOINT TENANT

STATE OF NEVADA }
COUNTY OF CARSON CITY } S.S.

ROSALIA R. VERDUZCO, of legal age, being duly sworn, deposes and says
That MANUEL D. VERDUZCO, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MANUEL D. VERDUZCO' named as one of the parties in that certain DEED dated JUNE 3, 1988, executed by SECRETARY OF HOUSING AND URBAN DEVELOPMENT to MANUEL D. VERDUZCO AND ROSALIA R. VERDUZCO, as joint tenants, recorded as Instrument No. 179338, on JUNE 3, 1988, in Book 688, Page 549, of Official Records of DOUGLAS County, Nevada, covering the following described real property situated in the County of CARSON CITY, State of Nevada.

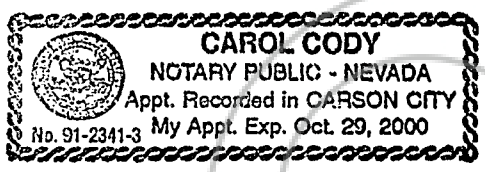
LOT 236, BLOCK D, AS SHOWN ON THE PLAT OF SILVERADO HEIGHTS NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 20, 1979, IN BOOK 579, PAGE 1486, AS DOCUMENT NO. 33717.

Dated: OCTOBER 6, 1999

Rosalia Verduzco
ROSALIA R. VERDUZCO

SUBSCRIBED AND SWORN to before me this 6TH day of OCTOBER, 1999.

Carol Cody
Notary Public in and for said State



Title Order No.: _____ Escrow or Loan No.: _____

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

ROSALIA R. VERDUZCO

And when recorded mail to:

ROSALIA R. VERDUZCO
884 AMADOR
CARSON CITY, NV. 89705

0478308

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CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

HEALTH SERVICES AGENCY
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH 3199710 001419

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS 98-11 (REV. 1/88)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Manuel		2. MIDDLE Daniel		3. LAST (FAMILY) Verduzco	
4. DATE OF BIRTH M/M/DD/CYY 04/17/1943		5. AGE YRS. 53		6. SEX M	
7. DATE OF DEATH M/M/DD/CYY 03/31/1997		8. HOUR 1050			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 1820		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 9			
14. RACE White		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MX-AMERICAN		16. USUAL EMPLOYER Pistoresi Trucking	
17. OCCUPATION Truck Driver		18. KIND OF BUSINESS Transportation		19. YEARS IN OCCUPATION 20	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 34448 Cougar Lane					
21. CITY Squaw Valley		22. COUNTY Fresno		23. ZIP CODE 93675	
24. YRS IN COUNTY 8		25. STATE OR FOREIGN COUNTRY California			
26. NAME, RELATIONSHIP Rosalia Verduzco-Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 638 Squaw Valley, CA 93675		
28. NAME OF SURVIVING SPOUSE—FIRST Rosalia		29. MIDDLE R.		30. LAST (MAIDEN NAME) Rodriguez	
31. NAME OF FATHER—FIRST Manuel		32. MIDDLE S.		33. LAST Verduzco	
34. BIRTH STATE TX		35. NAME OF MOTHER—FIRST Socorro		36. MIDDLE -	
37. LAST (MAIDEN) Fernandez		38. BIRTH STATE CA			
39. DATE M/M/DD/CYY 04/02/1997		40. PLACE OF FINAL DISPOSITION Calvary Cemetery-28447 Ave 14 Madera, CA			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER <i>[Signature]</i>		43. LICENSE NO. 7219	
44. NAME OF FUNERAL DIRECTOR Jay Chapel Inc.		45. LICENSE NO. FD-385		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CYY 04/02/1997					
101. PLACE OF DEATH St Agnes Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY Fresno		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1303 E. Herndon Ave			
106. CITY Fresno					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) Sepsis		Hours		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) Shock		Hours		109. BIOPSY PERFORMED	
DUE TO (C) Coagulopathy		Days		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) Chronic Myelogenous Leukemia		Years		110. AUTOPSY PERFORMED	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Gallstones					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Lap Chole 03/30/1997 Exploratory Lap 03/31/1997					
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 M/M/DD/CYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. 653771	
117. DATE M/M/DD/CYY 03/25/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Kelvin Higa, MD, 7202 North Millbrook, Fresno, CA 93720		119. DATE M/M/DD/CYY 4/2/97	
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 checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY	
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/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

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STATE REGISTRAR 270847

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Community Health Department.

APR 03 1997

DATE ISSUED

[Signature]

EDWARD DEFOE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



REQUESTED BY

Rosalia Verdusco

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 OCT -7 PM 4: 49

LINDA SLATER
RECORDER

\$ 9⁰⁰ PAID Bh DEPUTY

0478308

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