

WHEN RECORDED MAIL TO:
First American Title Company
P.o. Box 645
Zephyr Cove, NV 89448

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Raymond J. Burby, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Raymond J. Burby named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 27, 1992, executed by Joya Perry to Raymond J. Burby and Barbara C. Burby, husband and wife, and Elizabeth A. Burby, an unmarried woman as Joint Tenants, recorded as Instrument No. 288062 on September 11, 1992 in book 992, page 1839, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 2-18, as shown on the map of CASTLE ROCK PARK, UNIT NO. 2, filed in the office of the County recorder of Douglas County, State of Nevada on July 19, 1966 as Document No. 33031.

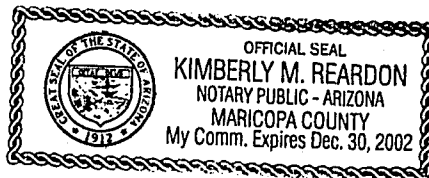
Dated 11/11/99

EAB
Elizabeth A. Burby

Subscribed and sworn to before me this 11 day of Nov., 1999

by ELIZABETH A. BURBY

Kimberly M. Reardon
Notarial Officer



0481969

BK 1299PG0690

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
 SANTA ANA, CALIFORNIA

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-92-30-012024

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Raymond		1B. MIDDLE Joseph	1C. LAST (FAMILY) BURBY		2A. DATE OF DEATH—MO. DAY, YR. October 29, 1992
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. DATE OF BIRTH—MO. DAY, YR. May 10, 1916		2B. HOUR 0142
8. STATE OF BIRTH KS		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Raymond J. Burby		3. SEX M
12. MILITARY SERVICE? <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 7624	14. MARITAL STATUS Married		7. AGE IN YEARS 76
16A. USUAL OCCUPATION Cargo Sells		16B. USUAL KIND OF BUSINESS OR INDUSTRY Aero Space	16C. USUAL EMPLOYER MacDonald Douglas		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 12161 Granite Circle			18B. CITY Garden Grove		11B. STATE OF BIRTH MA
19D. COUNTY Orange			18E. NUMBER OF YEARS IN THIS COUNTY 26		13F. STATE OR FOREIGN COUNTRY CA
19A. PLACE OF DEATH Residence			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA — — —		19C. COUNTY Orange
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 12161 Granite Circle			19E. CITY Garden Grove		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara Burby - wife 12161 Granite Circle Garden Grove, CA 92643
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Respiratory Failure			22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO GENERAL NUMBER 92-05288-VA		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) Colon Cancer			24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (C)			25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Colostomy 1987
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1/22/92		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Mark V. McNamara M.D.		27C. CERTIFIER'S LICENSE NUMBER G062456	
27A. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 10/21/92		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Mark McNamara, M.D., 400 W. Central Avenue, Brea, CA 91709		27D. DATE SIGNED 10/30/92	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED
30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/>		30C. DATE OF INJURY MONTH, DAY, YEAR
31. HOUR					

584934

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF ORANGE

} SS

DATE ISSUED

NOV 15 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

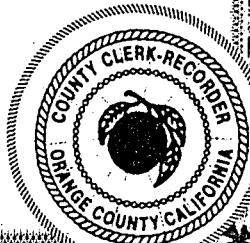
GARY L. GRANVILLE, Clerk-Recorder
 ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0481969

BK 1299PG0691



COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 DEC -3 PM 4: 14

LINDA SLATER
RECORDER

\$ ^{9.00} 9.00 PAID *KZ* DEPUTY

0481969

BK 1299PG0692