

A.P. No. 11-251-21
Escrow No. 1999-20581-KJP

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 Foy F. Hunt, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Foy F. Hunt named as one of the parties in that certain Individual Grant Deed dated March 5, 1981, executed by Foy F. Hunt and Yolanda J. Hunt to Foy F. Hunt and Yolanda J. Hunt as joint tenants, recorded as Instrument No. 54227 on March 10, 1981 in book 381, page 812, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT A

Dated 12/6/99

Yolanda J. Hunt
Yolanda J. Hunt

Subscribed and sworn to before me this 6 day of Dec., 1999

by YOLANDA J. HUNT

W. Verbaugh
Notarial Officer

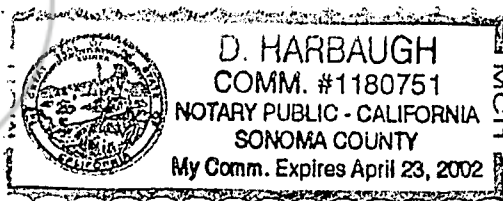


STATE OF CALIFORNIA }
COUNTY OF Sonoma } ss.

On December 6, 1999 before me, the undersigned, personally appeared Yolanda J. Hunt personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *D. Harbaugh*



(This area for official notarial seal)

Title of Document: Affidavit - Death of Joint Tenant	No. of Pages:
Date of Document: December 6, 1999	
Other signatures not acknowledged:	

0482234

3008(SM)(1/94)(General)
First American Title Insurance Company

BK1299PG1469



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 94 IMAGE 778

1947

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Foy Franklin HUNT		DATE OF DEATH (Month, Day, Year) 2 August 25, 1998		COUNTY OF DEATH 3a. Washoe
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Life Care Center of Reno		3e. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 75
9a. STATE OF BIRTH (If not U.S.A., name country) North Carolina		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12
11. SOCIAL SECURITY NUMBER 0633		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Broker		14b. KIND OF BUSINESS OR INDUSTRY Real Estate
15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Incline Village
16. FATHER—NAME First Middle Last Sidney Hunt		17. MOTHER—MAIDEN NAME First Middle Last Belle Worlels		
18a. INFORMANT—NAME (Type or Print) Yolanda J. Hunt		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 3086, Incline Village, Nevada 89450		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 70		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E. Arroyo, Reno, Nevada 89502
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) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 8/27/98		21c. HOUR OF DEATH 1700
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22f. ON		22g. AT
23a. Steven Sundstrom D.O., 975 Ryland, Reno, Nevada 89502		23b. LICENSE NUMBER DO 779		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 27, 1998		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Respiratory Failure				Interval between onset and death 2 weeks
(b) Pneumonia				Interval between onset and death 2 weeks
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION
28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE



STATE REGISTRAR

No. 132758

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

Deputy Registrar: *[Signature]* 9482234 SEP 14 1998

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

" EXHIBIT A "

Lot 437, as shown on the AMENDED MAP OF SUMMIT VILLAGE recorded in the Office of the County Recorder of Douglas County, State of Nevada on September 17, 1968 as Document No.42231 and on the Second Amended Map, recorded January 13, 1969, as Document No. 43419 Official Records of Douglas County, State of Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 DEC -8 PM 4: 02

LINDA SLATER
RECORDER

\$10.00 PAID *KJ* DEPUTY

0482234

BK 1299PG 147.1