

WHEN RECORDED MAIL TO:
Douglas County Public Administrator
P.O. Box 1284
Gardnerville, NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Nathaniel Lionel Houseal, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Nathaniel L. Houseal named as one of the parties in that certain Grant Deed dated August 29, 1985, executed by Harold C. Myers and Grace H. Myers to Nathaniel L. Houseal and Shirley W. Houseal, husband and wife as joint tenants, recorded as Instrument No. 122447 on August 30, 1985 in book 885, page 3260, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 12, in Block M, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO.. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada as Document No. 50212.

Dated January 3, 2000

Lynn Enearl
Lynn Enearl, Douglas County Public Administrator
As Guardian for Shirley Houseal aka Shirley W. Houseal



Subscribed and sworn to before me this 3 day of January, 2000

by Lynn Enearl, Administrator

Kathy Merrill
Notarial Officer



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3 1999 09 000296

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) NATHANIEL		2. MIDDLE LIONEL		3. LAST (FAMILY) HOUSEAL			
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. 07/18/1926		5. AGE YRS. 72		6. SEX M		7. DATE OF DEATH M/M/DD/C.C.Y.Y. 04/15/1999	
8. HOUR 0228		9. STATE OF BIRTH PA		10. SOCIAL SECURITY NO. -8235		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. USUAL EMPLOYER United States NAVY		17. OCCUPATION Chief Bosuns Mate		18. KIND OF BUSINESS Military		19. YEARS IN OCCUPATION 23	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3645 Boulder Rd.							
21. CITY Wellington		22. COUNTY Douglas		23. ZIP CODE 89444		24. YRS IN COUNTY 14	
25. STATE OR FOREIGN COUNTRY Nevada		26. NAME, RELATIONSHIP LYNN ENEARL - Guardian		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 1284, Gardnerville, NV 89410			
28. NAME OF SURVIVING SPOUSE—FIRST Shirlee		29. MIDDLE		30. LAST (MAIDEN NAME) Wright			
31. NAME OF FATHER—FIRST Nathaniel		32. MIDDLE		33. LAST Houseal		34. BIRTH STATE Unk.	
35. NAME OF MOTHER—FIRST Edna		36. MIDDLE		37. LAST (MAIDEN) Wood		38. BIRTH STATE Unk.	
39. DATE M/M/DD/C.C.Y.Y. 04/19/1999		40. PLACE OF FINAL DISPOSITION Preston Houseal, 1640 Wills Place, Vineland, NJ					
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR McFarlane Mortuary		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/C.C.Y.Y. 04/15/1999	
101. PLACE OF DEATH Barton Memorial Hospital		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. HOSPR. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY El Dorado	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4th and South Ave.		106. CITY So. Lake Tahoe					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CARDIAC ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH Immed.		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) HYPOKALEMIA		1 day		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) RENAL FAILURE		2 days		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) CONGESTIVE HEART FAILURE		years		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							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y.Y. 04/14/1999 04/14/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>Andrew H.K. Tang</i>		116. LICENSE NO. A054689		117. DATE M/M/DD/C.C.Y.Y. 04/15/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Andrew H.K. Tang, MD, 1107 Hwy 395, Gardnerville, NV 89410		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 type="checkbox"/> NO		121. INJURY DATE M/M/DD/C.C.Y.Y.	
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 M/M/DD/C.C.Y.Y.		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 8562		CENSUS TRACT	

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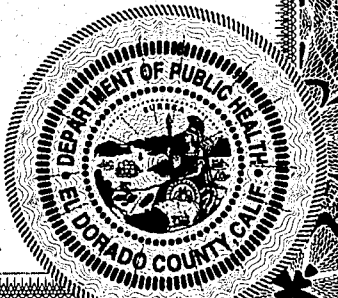
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 04/26/1999

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Stephen G. Drogina
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER



COPY

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LINDA SLATER
RECORDER

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