

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, MATTIE JEAN MITCHELL being first duly sworn, deposes and says:

That Affiant is the surviving spouse of VERNON LEONARD MITCHELL

and that the Affiant and the said VERNON LEONARD MITCHELL deceased,

are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed

dated the 26 day of May, 1978, under the terms of which JOHN MARTIN WEISSER was Grantor

to: VERNON LEONARD MITCHELL AND MATTIE JEAN MITCHELL
as Joint Tenants with right of survivorship, upon the terms, covenants and

as husband and wife

provisions as setforth therein, said document recorded May 26, 1978 , in Book 578 at Page 2461 as Document No: 21285 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

The Northeast one-quarter of the Northwest one-quarter of Section 17, Township 9, Range 23 East, M.D.B.&M., Douglas County, Nevada.

39-060-050

That the said Vernon Leonard Mitchell one of the Grantees in the Joint Tenancy Deed, died on the day of and is the identical person named in that

certain certified copy of Certificate of Death attached hereto as Exhibit A that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully

set forth. That all interest in and to said real property, hereinabove

described, vested absolutely in Affiant namely, Mattie Jean Mitchell , as of the

date of decedent's death.

Dated: February 8, 2000


MATTIE JEAN MITCHELL

STATE OF NEVADA
COUNTY OF DOUGLAS

On February 9, 2000, before me, the undersigned, a Notary Public in and for said County, personally appeared MATTIE JEAN MITCHELL and , personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are sub-scribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature 
NOTARY PUBLIC

Mattie Jean Mitchell
230 W. 101 St.
Los Angeles, CA 90003



0486071

BK0200PG1704

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER								
1A. NAME OF DECEDENT—FIRST (GIVEN) Vernon			1B. MIDDLE L.		1C. LAST (FAMILY) Mitchell		2A. DATE OF DEATH—MO., DAY, YR. March 3, 1992		2B. HOUR 1423		3. SEX Male
4. RACE Black			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO., DAY, YR. Feb 11, 1936		7. AGE IN YEARS 56	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES		
8. STATE OF BIRTH La	9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Eddie Mitchell			10B. STATE OF BIRTH La	11A. FULL MAIDEN NAME OF MOTHER Lena Thompson		11B. STATE OF BIRTH La		
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO. 6219		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Mattie Butler				
16A. USUAL OCCUPATION Truck Driver			16B. USUAL KIND OF BUSINESS OR INDUSTRY Aircraft		16C. USUAL EMPLOYER Douglas Aircraft		16D. YEARS IN OCCUPATION 3	17. EDUCATION—YEARS COMPLETED 14			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 230 West 101st Street						18B. CITY Los Angeles		18C. ZIP CODE 90003			
18D. COUNTY Los Angeles			18E. NUMBER OF YEARS IN THIS COUNTY 35		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mattie Mitchell - Wife 230 West 101st St. Los Angeles Ca, 90003				
19A. PLACE OF DEATH Martin Luther King Hosp.			19B. IF HOSPITAL, SPECIFY ONE: IP, ER, OP, DOA IP		19C. COUNTY Los Angeles		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 12021 South Wilmington	19E. CITY Los Angeles	TIME INTERVAL BETWEEN ONSET AND DEATH Days	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 92-02186	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Multiple Blunt Force Injuries						23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
DUE TO (B)						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" 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. Laparotomy 2-24-92				
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED	
							Deputy Coroner <i>Mary T. Mearns</i>			3-6-92	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS											
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER				28B. DATE SIGNED				
			Deputy Coroner <i>Mary T. Mearns</i>				3-6-92				
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Accident			30A. PLACE OF INJURY Street		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR 2-24-92		31. HOUR 0450			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 111th Place And Broadway, Los Angeles						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Auto Vs Auto (Driver)					
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Inglewood cemetery Inglewood Ca. 720 East Florence Ave.			34C. DATE MO., DAY, YEAR 3-10-92	35A. SIGNATURE OF EMBALMER <i>Gregory Atkins</i>		35B. LICENSE NUMBER 7340			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hobbs, J.S. Williams Albert L. Cooper Mortuary			36B. LICENSE NO. F-161	37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Mates</i>			38. REGISTRATION DATE MAR 10 1992				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT				

VS-11 (REV. 3-91)

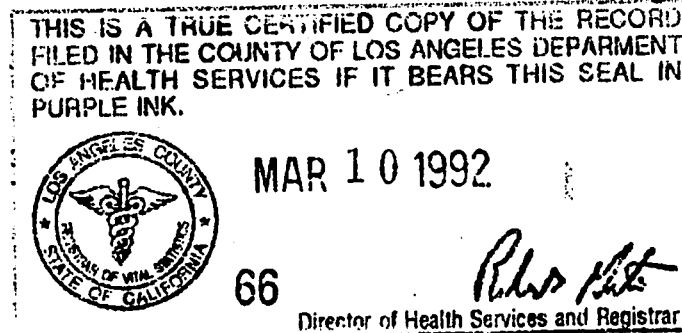
MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

REQUESTED BY
MARQUIS TITLE & ESCROW, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 FEB 10 PM 3: 05

LINDA SLATER
RECORDER

\$800 PAID *Ka* DEPUTY



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