

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

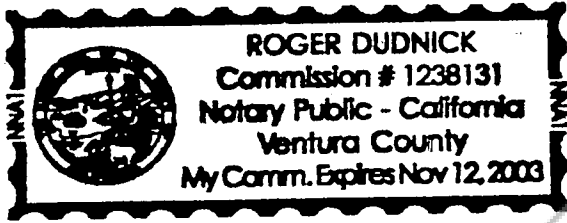
State of California

County of Ventura } SS.

On Feb 9, 2000, before me, Roger Dudnick, Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Janet E. Moore,
Name(s) of Signer(s)

- personally known to me
- 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.

Roger Dudnick
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: affidavit - Death of a joint Tenant

Document Date: Feb 3, 2000 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

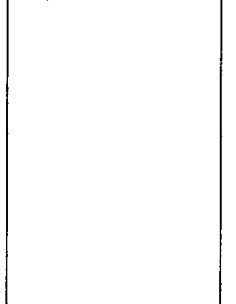
Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here.



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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Norbert F. MOORE		2. DATE OF DEATH (Month, Day, Year) September 4, 1999	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Douglas	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3667 Shawnee Drive		3e. SEX Male	
4. 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 If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. AGE—Last Birthday (Years) 75		7. UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) April 27, 1924		9. STATE OF BIRTH (If not U.S.A., name country) Missouri	
9a. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Janet Jones	
13. SOCIAL SECURITY NUMBER -9144		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Pilot	
14b. KIND OF BUSINESS OR INDUSTRY Aviation Industry		15a. RESIDENCE—STATE Nevada	
15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Carson City	
15d. STREET AND NUMBER 3667 Shawnee Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Alexander Moore		17. MOTHER—MAIDEN NAME First Middle Last Anna Friedrichs	
18a. INFORMANT—NAME (Type or Print) Janet Moore		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3667 Shawnee Drive, Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory	
19c. LOCATION City or Town State Carson City, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Benson</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 North Roop St., Carson City, Nevada 89706	
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>E. Pierczynski</i>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>E. Pierczynski</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 9/7/99		21c. HOUR OF DEATH 2247	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. E. Pierczynski, 1001 N. Mountain St., Carson City, NV 89703		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. HOUR OF DEATH		22d. ON	
22e. AT		23b. LICENSE NUMBER 3462	
24a. REGISTRAR (Signature) <i>Vera R. Lockhart</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept. 8, 1999	
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) DUE TO, OR AS A CONSEQUENCE OF: Cardiopulmonary arrest		Interval between onset and death immed.	
(b) DUE TO, OR AS A CONSEQUENCE OF: COPO		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: COP		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. COP of Lung		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 149883

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

Date Issued:

SEP 08 1999

0487166

State Registrar

Yvonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0300P60093

COPY

REQUESTED BY
Northern Nevada Title Company

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAR -1 PM 3: 03

LINDA SLATER
RECORDER

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