

AFFIDAVIT - DEATH OF JOINT TENANT

APN 1220-22-410-096

GARY A. WAFFIRD, of legal age, being first duly sworn, deposes and says:

That VIRGINIA A. WAFFIRD, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as VIRGINIA A. WAFFIRD

named as one of the parties in that certain Grant Bargain, Sale Deed dated May 30, 1990

executed by THE TRUSTEES OF THE SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION TRUST, BY KARSTEN REALTY ADVISORS AS INVESTMENT MANAGER

to VIRGINIA A. WAFFIRD, a widow and GARY A. WAFFIRD, a single man, together as joint tenants with right of survivorship

as joint tenants, recorded as Instrument No. 229493, on July 2, 1990, in

Book 790, Page 187, of Official Records of Douglas

County, Nevada, covering the following described property situated in Gardnerville

Nevada, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 901, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

APN. 1220-22-410-096

Dated February 25, 2000

STATE OF ~~NEVADA~~ California
COUNTY OF Riverside

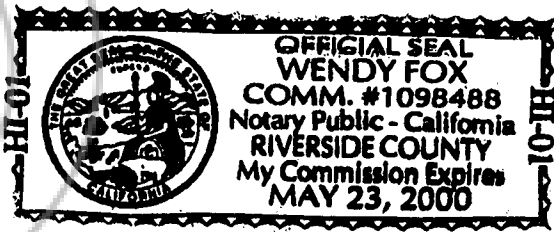
} S.S. GARY A. WAFFIRD *Gary A Waffird*

This instrument was acknowledged before me on

March 6, 00

by GARY A. WAFFIRD

Wendy Fox
Notary Public



(This area for official notarial seal)

Title Order No.00082756

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name **GARY A. WAFFIRD**
Street Address **11523 SHUGART WAY**
City, State Zip **RIVERSIDE, CA 92503**

0488228

BK0300PG3452

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV. 7/87)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) VIRGINIA		2. MIDDLE A.		3. LAST (FAMILY) WAFFIRD			
4. DATE OF BIRTH M M / D D / C C Y Y 08/06/1934		5. AGE YRS. 63		6. SEX F		7. DATE OF DEATH M M / D D / C C Y Y B. HOUR 07/09/1998 1948	
9. STATE OF BIRTH CANADA		10. SOCIAL SECURITY NO. 2757		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS WIDOWED	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. USUAL EMPLOYER SELF EMPLOYED			
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 40			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 11523 SHUGART WAY							
21. CITY RIVERSIDE		22. COUNTY RIVERSIDE		23. ZIP CODE 92503		25. STATE OR FOREIGN COUNTRY CALIFORNIA	
26. NAME, RELATIONSHIP GARY WAFFIRD - SON				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 424 LILLIAN CT. GARDNERVILLE, NV 89410			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST DANIEL		32. MIDDLE FRANCIS		33. LAST GEORGE		34. BIRTH STATE CANADA	
35. NAME OF MOTHER—FIRST BERTHA		36. MIDDLE -		37. LAST (MAIDEN) PENNIER		38. BIRTH STATE CANADA	
39. DATE M M / D D / C C Y Y 07/15/1998		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Eugene P. Thompson</i>		43. LICENSE NO. 7692			
44. NAME OF FUNERAL DIRECTOR FOREST LAWN MTY, CYPRESS		45. LICENSE NO. FD-1051		46. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman MD</i>		47. DATE M M / D D / C C Y Y 07/14/1998	
101. PLACE OF DEATH PARK VIEW COMMUNITY 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. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY RIVERSIDE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3865 JACKSON STREET						106. CITY RIVERSIDE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 983714	
IMMEDIATE CAUSE (A) SEPSIS						DAYS	
DUE TO (B) PERITONITIS						DAYS	
DUE TO (C) CIRRHOSIS						YRS	
DUE TO (D) HEPATITIS C						YRS	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
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 M M / D D / C C Y Y 02/20/96 DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y 06/29/98		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. 678217		117. DATE M M / D D / C C Y Y 07/13/1998	
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 / D D / 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 / D D / C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
821956 STATE REGISTRAR		A		B		C	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

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

DATE ISSUED 07/17/1998

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Gary Feldman MD
 Gary Feldman M.D.
 Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY
WESTERN TITLE COMPANY, INC.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

2000 MAR 20 PM 4:18

LINDA SLATER
 RECORDER

\$ 8.00 PAID *[Signature]* DEPUTY

0488228

BK0300PG3453