

A.P.N. 37-161-03

RECORDING REQUESTED BY  
Chicago Title Company  
AND WHEN RECORDED MAIL TO

Lois N. Wood  
267 Sam Clemens Avenue  
Dayton, Nevada 89403

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY  
and without liability for the consideration therefor; or as to the validity or  
sufficiency of said instrument or for the effect of such recording on the title of  
the property involved.

Escrow No. 842606 - SEL  
Order No. 842606 -

SPACE ABOVE THIS LINE FOR RECORDER'S USE

37-161-03

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

Lois N. Wood  
of legal age, being first duly sworn, deposes and says:

That Roland B. Wood  
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as  
Roland B. Wood  
named as one of the parties in that certain Grant Deed dated March 5, 1993  
executed by A.G. Timothy Hay, an Unmarried Man  
to Roland B. Wood and Lois N. Wood, Husband and Wife  
as joint tenants, recorded as Instrument No./Series No. 302127, on March 16, 1993  
in Book/Reel 393, at Page/Image 3206, of Official Records of Douglas  
County, California, covering the following described property situated in the City of Wellington  
County of Douglas, State of California:  
All that real property in the County of Douglas, State of Nevada, being Assessor's  
Parcel Number 37-161-03, specifically described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State  
of Nevada, described as follows:

LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE

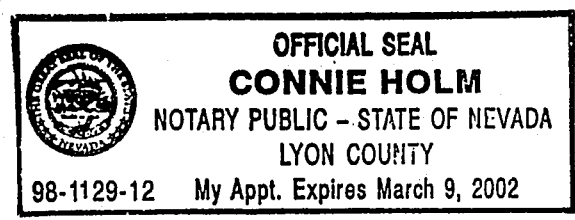
That the value of all real and personal property owned by said decedent at date of death, including the full value of  
the property above described, did not then exceed the sum of \$

Dated April 3, 2000

SUBSCRIBED AND SWORN TO before me,  
the undersigned, a Notary Public in and for said  
County and State, this 9th  
day of ~~April~~, 2000  
May

*Lois N. Wood*  
Lois N. Wood

*Connie Holm*  
Connie Holm



Name (Typed or Printed)  
Notary Public in and for said County and State

(THIS AREA FOR OFFICIAL NOTARIAL SEAL)

Page 1

Order No. 842606 -

Escrow No. 842606 -SEL

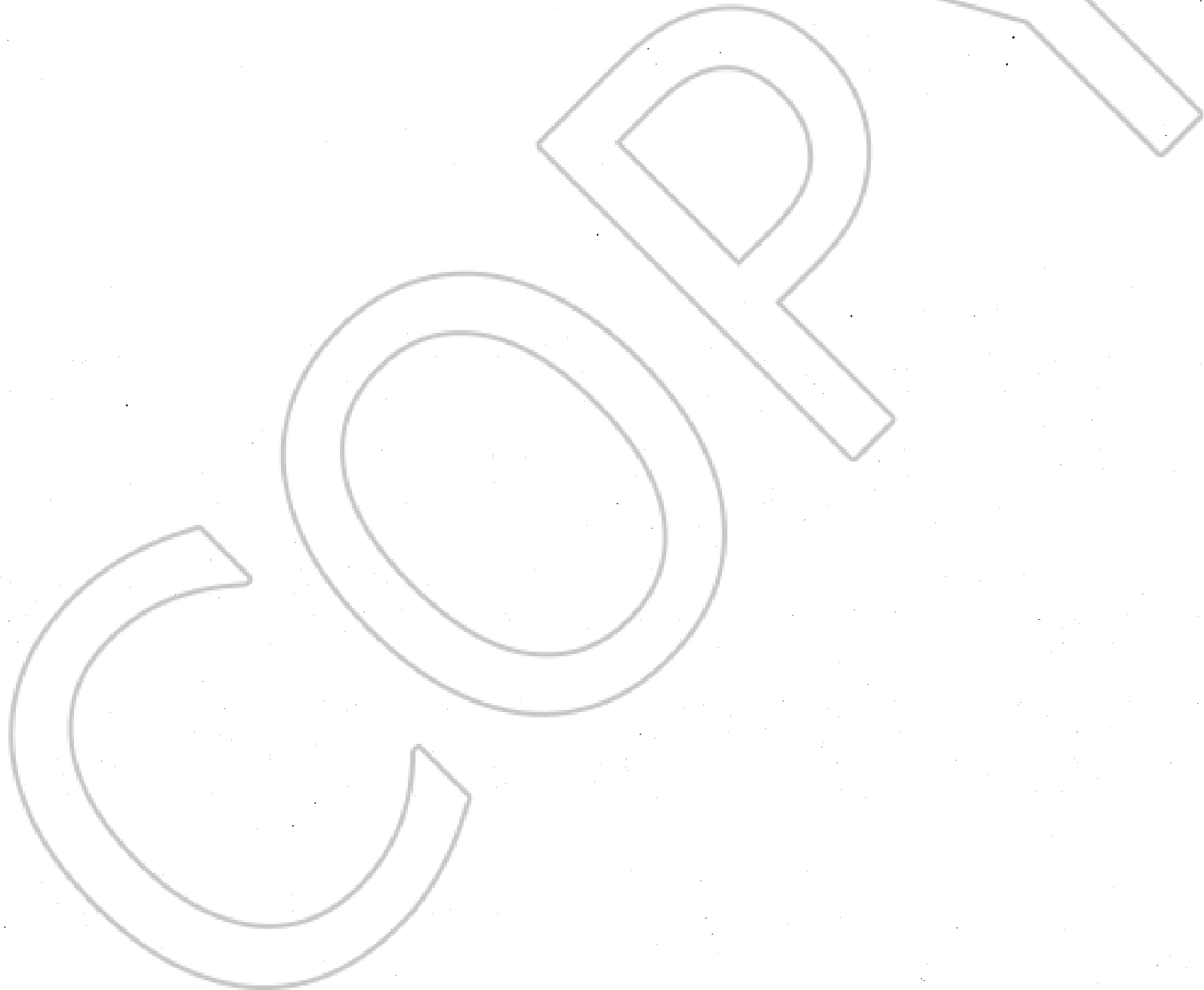
**LEGAL DESCRIPTION EXHIBIT**

Township 10 North, Range 23 East, M.D.B. & M.

Section 7:

Northwest 1/4 of the Southeast 1/4, Excepting therefrom that portion lying Southerly of the Northerly right-of-way line of State Route 3 (208). Being further reflected on Record of Survey for Timothy Hay, Recorded October 22, 1991, in Book 1091, Page 3717, as Document No. 263250, Official Records of Douglas County, State of Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

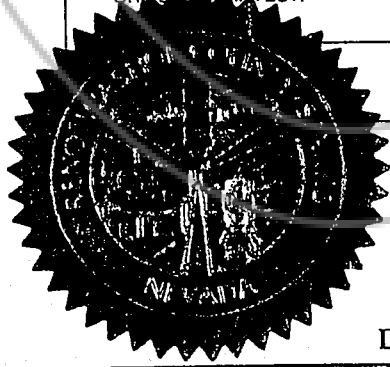
#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 95 IMAGE 608  
LOCAL FILE NUMBER

2739

STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	DECEASED—NAME First Middle Last 1. Roland Boyd WOOD			DATE OF DEATH (Month, Day, Year) 2. November 30, 1998		COUNTY OF DEATH 3a. Washoe		
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		
<b>DECEDENT</b>	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 63		UNDER 1 YEAR MOS : DAYS 7b. :	
					UNDER 1 DAY HOURS : MINS 7c. :		DATE OF BIRTH (Mo., Day, Yr.) 8. August 12, 1935	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 14		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
	SOCIAL SECURITY NUMBER 13. ██████████ 2311		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrical Inspector		KIND OF BUSINESS OR INDUSTRY 14b. Electrical Company		SURVIVING SPOUSE (If wife, give maiden name) 12. Lois Metzger	
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Storey		CITY, TOWN, OR LOCATION 15c. Dayton		STREET AND NUMBER 15d. 267 Sam Clemenn	
	INSIDE CITY LIMITS (Specify Yes or No) 15e. No		FATHER—NAME First Middle Last 16. Joe Bowdoin Wood		MOTHER—MAIDEN NAME First Middle Last 17. Mary Dell Harris			
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Lois Wood			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 267 Sam Clemenn, Dayton, Nevada 89403				
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/Cremation		CEMETERY OR CREMATORY—NAME 19b. Masonic Memorial Gardens			LOCATION City or Town State 19c. Reno Nevada		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a.		FUNERAL DIRECTOR LICENSE NUMBER 20b. 511		NAME AND ADDRESS OF FACILITY 20c. 2155 Kietzke Lane, 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)		DATE SIGNED (Mo., Day, Yr.) 21b. 12-1-98		HOUR OF DEATH 21c. 1405		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)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON		22e. AT	
	22f. PRONOUNCED DEAD (Mo., Day, Yr.)		22g. PRONOUNCED DEAD (Hour)		22h. AT		22i. ON	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. P ORNELAS M.D. 1155 W. 4TH SUITE 108 RENO NV					LICENSE NUMBER 23b. NV 0279		
	REGISTRAR 24a. (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 1, 1998		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death
	PART I (a) STAPHYLOCOCCAL SEPSIS DUE TO, OR AS A CONSEQUENCE OF:							: DKG
CAUSE OF DEATH	PART II (b) DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PROSTHETIC HEART VALVES, GASTRIC POLYPOIDS							Interval between onset and death
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR REASON INVEST.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	



STATE REGISTRAR

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

Deputy Registrar: 0493050 Date: DEC 07 1998

No. 140382

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0500PG6647

COPY

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

2000 MAY 31 PM 12:44

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID *kg* DEPUTY

0493050

BK0500PG6648