

AFFIDAVIT - DEATH OF A JOINT TENANT ARN# 21-391-36

STATE OF NEVADA }
COUNTY OF DOUGLAS } S.S.

NEW 1220-33-410-005

JOYCE B. SHELVER, of legal age, being duly sworn, deposes and says

That _____, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LYLE N. SHELVER named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated November 26, 1996, executed by PETE RASNER to LYLE N. SHELVER and JOYCE B. SHELVER, husband and wife as joint tenants, recorded as Instrument No. 401965, on November 27, 1996, in Book 1196, Page 5039, of Official Records of DOUGLAS County, Nevada, covering the following described real property situated in the City of _____ County of DOUGLAS, State of Nevada.

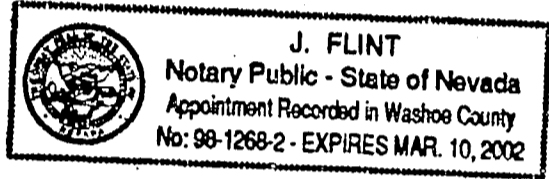
Lot 58, for WILDHORSE ANNEX UNIT NO. 2, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, Nevada, on October 10, 1994 in Book 1094, page 1490, Official Records of Douglas County, Nevada, as Document No. 348105.

Dated: 7/14/2000

Joyce B Shelver
JOYCE B. SHELVER

SUBSCRIBED AND SWORN to before me this 14th day of July, 2000.

J. Flint
Notary Public in and for said State



Title Order No.: DO25554-SH Escrow or Loan No.: DO25554-SH

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

And when recorded mail to:

JOYCE B. SHELVER
1288 Judy Street
Minden, NV 89423

0495827

BK0700PG2206

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER											
1. Lyle Newcomb SHELVER JR.		2. October 8, 1997		3a. Douglas		COUNTY OF DEATH											
3b. Minden		3c. 1288 Judy Street		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. Male											
5. 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.		7a. 70		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. March 11, 1927							
9a. Colorado		9b. U.S.A.		10. 14		11. Married		12. Joyce B. Webster		SURVIVING SPOUSE (If wife, give maiden name)							
13. 0628		14a. Manufacturer		14b. Glass		KIND OF BUSINESS OR INDUSTRY		15a. Nevada		15b. Douglas		15c. Minden		15d. 1288 Judy Street		15e. Yes	
16. Lyle Newcomb Shelver Sr.		17. Alice Louise Flynn		18a. Joyce B. Shelver		18b. 1288 Judy Street Minden, Nevada 89423		19a. Burial		19b. Mountain View Cemetery		19c. Reno Nevada					
20a. [Signature]		20b. 16		20c. 875 West Second Street Reno, Nevada 89503		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) [Signature]		21b. 10/10/97		21c. 1830		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) [Signature]		22b. [Signature]		22c. [Signature]	
23a. 343 Elm Street #405, Reno, Nevada 89503		23b. John A Shields MD		23c. 3362		24a. [Signature]		24b. Oct 22 1997		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Amyloidosis DUE TO, OR AS A CONSEQUENCE OF: (b) Medullary Thyroidoma DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II		26. No		27. Yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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. 118102

[Signature: Yvonne Sylva]

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

Date Issued: OCT 22 1997 0495827

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

(BK0700 PG2207) BK0700PG2207

COPY

REQUESTED BY
FIRST CENTENNIAL TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUL 17 PM 2:37

LINDA SLATER
RECORDER

0495827

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\$ 9⁰⁰ PAID KD DEPUTY