

A.P. No. 37-233-03
Escrow No. 2000-29007-DEC

✓ WHEN RECORDED MAIL TO:
Geraldine Ott
3965 Topaz Ranch Drive
Wellington, NV 89444

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Jacky Edmund Ott, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jacky E. Ott named as one of the parties in that certain Grant, Bargain & Sale Deed dated December 7, 1992, executed by Gaylord Munyon and Opal L. Munyon to Jacky E. Ott and Geraldine Ott, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 298081 on January 25, 1993 in book 193, page 3502, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Wellington, County of Douglas, State of Nevada:

Lot 22, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 20, 1967, as Document No. 35464.

A.P.N. 37-233-03

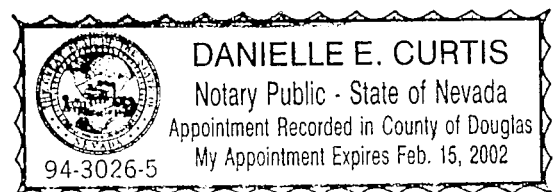
Dated July 18, 2000

Geraldine Ott
Geraldine Ott

Subscribed and sworn to before me this 18th day of July, 2000

By Geraldine Ott

Danielle E. Curtis
Notarial Officer



0495868

BK0700PG2364

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 99 IMAGE 228
LOCAL FILE NUMBER

89

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Jacky Edward OTT		2. DATE OF DEATH (Month, Day, Year) January 08, 2000		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Veteran's Affairs Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. 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.	
7a. AGE—Last Birthday (Years) 60		7b. UNDER 1 YEAR MOS : DAYS :		7c. UNDER 1 DAY HOURS : MINS :	
8. DATE OF BIRTH (Mo., Day, Yr.) January 18, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. 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) Geraldine Blackstone	
13. SOCIAL SECURITY NUMBER 2272		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Radar Operator & Specialist		14b. KIND OF BUSINESS OR INDUSTRY United States Army	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Wellington	
15d. STREET AND NUMBER Topaz Ranch Drive 3965		15e. INSIDE CITY LIMITS (Specify Yes or No) YES			
16. FATHER—NAME First Middle Last Lawrence Taylor Ott			17. MOTHER—MAIDEN NAME First Middle Last Lucille Warrick		
18a. INFORMANT—NAME (Type or Print) Geraldine Ott			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3965 Topaz Ranch Drive Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Northern Nevada Veteran's Memorial Cemetery		19c. LOCATION City or Town State Fernley, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 70		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E. Arroyo Reno, Nevada 89502	
21a. To be completed by CERTIFYING PHYSICIAN 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) Jan. 13, 2000			21c. HOURLY OF DEATH 0732		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) MATTHEW P. GROW, 1000 LOCUST STREET, RENO, NEVADA 89520			21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) MATTHEW P. GROW, 1000 LOCUST STREET, RENO, NEVADA 89520		
21e. LICENSE NUMBER LL 1134			22a. To be completed by Coroner's Office 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT		
23a. REGISTRAR (Signature) <i>[Signature]</i> Dep.		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 13, 2000		23c. DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) MASSIVE PULMONARY EMBOLUS		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death IMMEDIATE	
(b) NON-SMALL CELL LUNG CANCER WITH METS TO BRAIN		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)				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. TOBACCO ABUSE				26. AUTOPSY (Specify Yes or No) YES	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO					
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. PLACE OF INJURY —At home, farm, street, factory, office building, etc. (Specify)			
28f. LOCATION.		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN	
28i. STATE					



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

Deputy Registrar: *[Signature]*

0495868

Date:

JAN 25 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Geraldine Ott
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUL 18 AM 10:25

LINDA SLATER
RECORDER

\$ 9.00 PAID ka DEPUTY

0495868

BK0700PG2366