

WILTON E. FUNK, JR.
c/o Allstate
700 Sreater Kenney Rd c/2
Lacey, Washington 98503

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

WILTON E. FUNK, JR., of legal age, being first duly sworn, deposes and says:
That **MARGUERITE H. FUNK**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **MARGUERITE H. FUNK**
named as one of the parties in that certain **GRANT DEED** dated **March 20, 1987**
executed by **MARGUERITE H. FUNK, A WIDOW**
to **MARGUERITE H. FUNK, A WIDOW & WILTON E. FUNK, JR. & JANICE M. MURPHY**
as joint tenants, recorded as Instrument No. **151876**, on **March 24, 1987**
in Book **387**, Page **2266**, of Official Records of **DOUGLAS**
County, Nevada, covering the following described property situated in the **DOUGLAS**
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: **July 21, 2000**

[Signature]

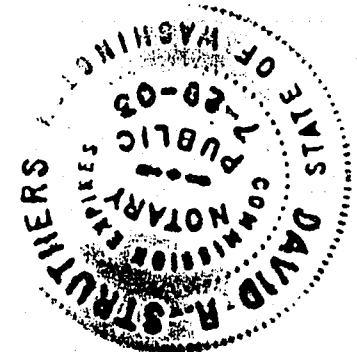
WILTON E. FUNK, JR.

STATE OF Washington }
 } ss.
COUNTY OF ~~DOUGLAS~~ Thurston }

This instrument was acknowledged before me on 27 JULY 2000
by, WILTON E. FUNK, JR.

Signature *[Signature]*

Notary Public



0496773

BK0700PG5046

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 000801373

Lot 23, as shown on the Map of KINGSLANE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 26, 1968, as Document No. 43243.

Assessor's Parcel No. 1220-04-111-025.

COPY

0496773

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

0695
LOCAL FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

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20.

21. ACC LOC

22. QUERIES

23.

24.

1. NAME First Middle Last MARGUERITE HELEN FUNK		2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) May 25, 2000
4. AGE LAST BIRTH-DAY (Yrs) 78	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) Oct 11, 1921
8. BIRTHPLACE (City, State or Foreign Country) Spokane, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Thurston
11. CITY, TOWN OR LOCATION OF DEATH Lacey, WA		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. REMOVAL PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 524 Ranger Dr. S. E. 98503-6731	
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO. 9512	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) -0-
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Sales	19. KIND OF BUSINESS OR INDUSTRY Retail	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) Caucasian
22. RESIDENCE — NUMBER AND STREET 1246 Kings Lane Ct.	23. CITY/TOWN, OR LOCATION Gardnerville	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Douglas
25B. LENGTH OF RES. IN CO. 29 Yrs.	26. STATE NV	27. ZIP CODE 89410-6004	
28. FATHER'S NAME — FIRST, MIDDLE, LAST John W. Sharer		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Helen M. Clark	
30. INFORMANT — NAME Bill Funk		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 707 Sherman Street N. W. Olympia, WA 98502-8802	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) May 30, 2000	34. CEMETERY/CREMATORY — NAME Tacoma Mausoleum	
35. LOCATION — CITY/TOWN, STATE Tacoma, WA 98409-6335		36. FUNERAL DIRECTOR SIGNATURE <i>Marvin Burggraaf</i>	
37. NAME OF FACILITY American Memorial Funeral Dir.		38. ADDRESS OF FACILITY 924 Capitol Way So. Suite 210 Olympia, WA 98501-1210	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Martin J. Scheidt</i> M. D.		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	
40. DATE SIGNED (Mo., Day, Yr) May 26, 2000	41. HOUR OF DEATH (24 Hrs.) 1230	44. DATE SIGNED (Mo., Day, Yr)	45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Martin J. Scheidt, M.D., 5130 Corporate Center Ct. Lacey, WA 98503			49. ME/CORONER FILE NUMBER 00-0508-05 NJA
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). A. LUNG CANCER		INTERVAL BETWEEN ONSET AND DEATH 6 months	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH	
B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: COPD		52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>David J. M. MPH</i>	63. DATE RECEIVED (Mo., Day, Yr) MAY 31 2000

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

BK0900 PG 5048

DOH 01-003 (5/99)

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUL 31 AM 10:35

LINDA SLATER
RECORDER

\$10⁰⁰ PAID *Bh* DEPUTY

0496773

BK0700PG5049