

Escrow No: 20100402  
Order No:

APN 1220-22-210-141  
APN 1220-22-210-140

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, NAIMAH J. CHANG being first duly sworn, deposes and says:

That Affiant is the surviving spouse of A.W.D. CHANG deceased spouse

and that the Affiant and the said A.W.D. CHANG deceased,

are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed

recorded the 18th day of April 1975, and under that certain Joint Tenancy Deed recorded the 30th day of April

1975 under the terms of which SIERRA CHARTER CORPORATION OF NEVADA was Grantor

to: A.W.D. CHANG AND NAIMAH J. CHANG as husband and wife as Tenants by the entirety

upon the terms, covenants and provisions as setforth therein of Official Records of Douglas

County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lots 621 & 622 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as Document No. 66512, Official Records of Douglas County, State of Nevada.

1220-22-210-141 and 1220-22-210-140

That the said A.W.D. CHANG one of the Grantees in the Joint Tenancy Deed, died on the 11th day of December, 1991 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit A that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, NAIMAH J. CHANG, as of the as of the date of decedent's death.

Dated: May 30, 2000

*Naimah J. Chang*  
\_\_\_\_\_  
NAIMAH J. CHANG

STATE OF NEVADA  
COUNTY OF DOUGLAS

On ~~1995~~ 6-6-2000, before me, the undersigned, a Notary Public in and for said County, personally appeared  
NAIMAH J. CHANG

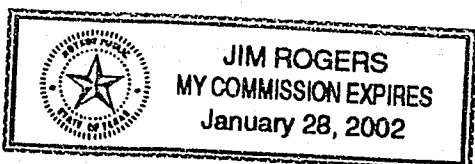
and , personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are sub-scribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature *Jim Rogers*  
NOTARY PUBLIC

Naimah J. Chang  
6828 Moccasin Dr.  
Plano, TX 75023



0497226

BK0800PG1126

Texas Department of Health - Bureau of Vital Statistics

#20a Not Available

VS-112 REV. 9/91

1. NAME OF DECEASED (a) First (b) Middle (c) Last (d) Maiden <b>Ahmed Wen-Da Chang</b>			2. SEX <b>Male</b>	3. DATE OF DEATH <b>Dec. 10, 1991</b>		
4. RACE <b>Asian Chinese</b>	5a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	6. DATE OF BIRTH <b>2/2/1917</b>	7. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Minutes	
8. SOCIAL SECURITY NUMBER <b>1273</b>		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. PLACE OF DEATH - COUNTY <b>Collin</b>	9c. CITY OR TOWN (If outside city limits, give precinct number) <b>Plano</b>	9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>HCA Plano Medical Center</b>		9e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
10. BIRTHPLACE (City and State or foreign country) <b>China</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	14. SURVIVING SPOUSE (If wife, give maiden name) <b>Naimah J. Wang</b>		
15. DECEASED'S EDUCATION (Highest grade completed) Grades (0-12) <b>12</b> College (1-4 or 5+) <b>4</b>		16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Diplomat Service</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Taiwan Government</b>		
17a. RESIDENCE - STATE <b>Texas</b>		17b. COUNTY <b>Collin</b>	17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE <b>Plano 75023</b>			
17d. STREET ADDRESS (If rural, give location) <b>6828 Moccasin Drive</b>					17e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. FATHER'S NAME <b>Rei-Shan Chang</b>			19. MOTHER'S MAIDEN NAME <b>Lee Shi Chang</b>			
20a. SIGNATURE OF INFORMANT <b>Nasserdan Chang</b>			20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City of Town, State, Zip Code) <b>6828 Moccasin Drive, Plano, Texas 75023</b>			
21. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		22a. DATE OF INJURY (Month, Day, Year)	22b. TIME OF INJURY	22c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22d. DESCRIBE HOW INJURY OCCURRED	
22e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			22f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
CERTIFIER To be completed by CERTIFYING PHYSICIAN only	23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) <i>Jenny Tseng M.D.</i>			24a. 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 as stated. (Signature and Title)		
	23b. DATE SIGNED (Mo., Day, Yr.) <b>12/23/91</b>	23c. HOUR OF DEATH <b>1:46 A.M.</b>	24b. DATE SIGNED (Mo., Day, Yr.)		24c. HOUR OF DEATH M.	
	23d. NAME OF CERTIFYING PHYSICIAN (Type or print) <b>JENNY TSENG, M.D.</b>		24d. DECLARED DEAD (Mo., Day, Yr.) <b>ON</b>		24e. DECLARED DEAD (Hour) <b>AT</b> M.	
25. MAILING ADDRESS OF CERTIFIER (Type or Print) <b>120 S. CENTRAL EXPRESS, SUITE 202, MCKINNEY, TX 75070</b>						
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>Restland Memorial Park</b>			
26c. LOCATION - City or Town, State <b>Dallas, Texas</b>		26d. DATE OF DISPOSITION <b>Dec. 11, 1991</b>	26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Charles W. Smith</i> Restland Funeral Home			
28f. NAME AND ADDRESS OF FUNERAL HOME <b>Restland Funeral Home, P.O. Box 829000, Dallas, Texas 75382-9000</b>						
27a. REGISTRAR'S FILE NO. <b>01-1004-91</b>		27b. DATE REC'D BY LOCAL REGISTRAR <b>December 26, 1991</b>	27c. SIGNATURE OF LOCAL REGISTRAR <i>Helen Starnes</i>			

CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death <b>30 min</b>	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	<b>CARDIAC ARRHYTHMIAS</b>			
	Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	DUE TO (OR AS A LIKELY CONSEQUENCE OF): <b>ATHEROSCLEROTIC CORONARY HEART DISEASE</b>		
		c.	DUE TO (OR AS A LIKELY CONSEQUENCE OF):		
d.		DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>DIABETES MELLITUS</b>			30a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 678, Sec. 195)

STATE OF TEXAS } COUNTY OF COLLIN } I hereby certify that the foregoing is a true and correct copy of the DEATH CERTIFICATE filed in the Death Records of Collin County, Texas.

ISSUED: 12-26-91

*Helen Starnes*  
Clerk, County Court  
Collin County, Texas

*Annie Marshall*  
Deputy

SEAL

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BK0800PG1127

COPY

REQUESTED BY  
**MARQUIS TITLE & ESCROW, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA.

2000 AUG -7 AM 9:46

LINDA SLATER  
RECORDER

\$<sup>9.00</sup> PAID KZ DEPUTY

0497226

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