

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

ESCROW NO. 000100896
A.P.N. # 37-404-050

JOHN S. DUTTON
3549 CEDAR RAVINE ROAD
PLACERVILLE, CA 95667

AFFIDAVIT - DEATH OF JOINT TENANT

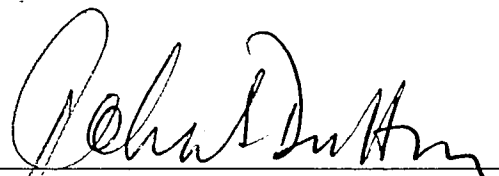
STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS } }

JOHN S. DUTTON, of legal age, being first duly sworn, deposes and says:
That JEANNE L. DUTTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JEANNE L. DUTTON named as one of the parties in that certain GRANT DEED dated OCTOBER 11, 1977 executed by TOPAZ DEVELOPMENT CORP. (JOHN ARDEN, PRESIDENT) to JOHN S. DUTTON AND JEANNE L. DUTTON as joint tenants, recorded as Instrument No. 171224, on JANUARY 22, 1988 in Book 188, Page 2647, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:

Lot 38, in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessor's Parcel No. 37-404-05.

DATE: July 17, 2000

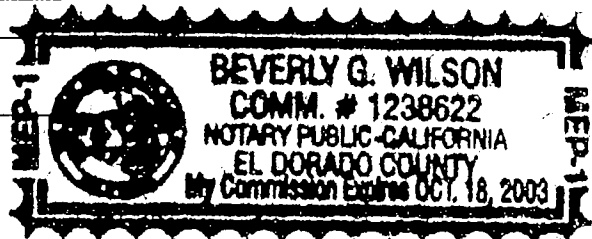


JOHN S. DUTTON

California *bgw*
STATE OF Nevada
El Dorado *bgw* } ss.
COUNTY OF Douglas } }

This instrument was acknowledged before me on July 24, 2000, by, JOHN S. DUTTON

Signature *Beverly G. Wilson*
Notary Public



0497414

BK0800PG1724

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3 1997 09 000598**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 11/90)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Jeanne		2. MIDDLE L		3. LAST (FAMILY) Dutton			
4. DATE OF BIRTH M/M/DD/CCYY 09/11/1925		5. AGE YRS. 71		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 09/01/1997	
8. HOUR 0730		9. STATE OF BIRTH WA		10. SOCIAL SECURITY NO. 4058		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12					
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self		17. YEARS IN OCCUPATION 51	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS -		19. YEARS IN OCCUPATION 51			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 5960 Juarez Rd							
21. CITY Placerville		22. COUNTY El Dorado		23. ZIP CODE 95667		24. YRS IN COUNTY 9	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP John S. Dutton, Husband					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 5960 Juarez Rd Placerville, CA 95667		28. NAME OF SURVIVING SPOUSE—FIRST John					
29. MIDDLE S		30. LAST (MAIDEN NAME) Dutton		31. NAME OF FATHER—FIRST John			
32. MIDDLE -		33. LAST Piper		34. BIRTH STATE UNK			
35. NAME OF MOTHER—FIRST Lorretta		36. MIDDLE Louise		37. LAST (MAIDEN) Bersie		38. BIRTH STATE WI	
39. DATE M/M/DD/CCYY 09/04/1997		40. PLACE OF FINAL DISPOSITION RES: 5960 Juarez Rd Placerville, CA 95667					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR Chapel of the Pines		45. LICENSE NO. 1129		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/CCYY 09/03/1997	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY El Dorado	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5960 Juarez Rd		106. CITY Placerville		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Chronic Obstructive Pulmonary Disease			
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypertension		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 10/29/1992		115. SIGNATURE AND TITLE OF CERTIFIER <i>Billy W. Barnhill</i>		116. LICENSE NO. A049456		117. DATE M/M/DD/CCYY 09/03/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Bradley Barnhill MD 3581 Palmer Dr Cameron Park, CA 95682		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		CENSUS TRACT			

0497414
BK0800PG1725

30904

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

09/30/1997

DATE ISSUED

Stephen G. Drogina
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

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

2000 AUG 10 AM 10: 19

LINDA SLATER
RECORDER

\$ ^{9.00} PAID *Kj* DEPUTY

0497414

BK0800PG1726