

**AFFIDAVIT - DEATH OF JOINT TENANT**

APN-27-282-09 1220-15-611-025

JIMMY F. COPPLE, of legal age, being first duly sworn, deposes and says:  
That CAROL JENNIE COPPLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JIMMY F. COPPLE AND CAROL J. COPPLE, HUSBAND AND WIFE named as one of the parties in that certain JOINT TENANCY DEED dated AUGUST 17, 1977 executed by EDWARD C. FREYMAN AND MARY ANN FREYMAN, HUSBAND AND WIFE to JIMMY F. COPPLE AND CAROL J. COPPLE, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 12347, on AUGUST 26, 1977, in Book 877, Page 1694, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the \_\_\_\_\_, County of DOUGLAS, State of Nevada:

Lot 26, as said Lot is shown on the Official plat of GARDNERVILLE RANCHOS UNIT NO. 3, filed in the office of the County Recorder of Douglas, County, Nevada, on June 1, 1965, and title sheet amended on June 4, 1965, as Document No. 28378.

APN: 1220-15-611-025

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 125,000.00

Dated August 24, 2000

STATE OF NEVADA }  
COUNTY OF Douglas } s.s. Jimmy F. Copple

This instrument was acknowledged before me on Aug 28 2000  
by Jimmy F. Copple  
Carol Costa  
Notary Public



(This area for official notarial seal)

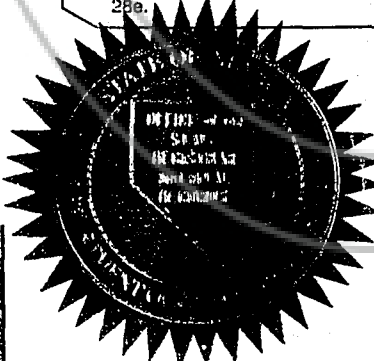
Title Order No. 126CAC Escrow or Loan No.

RECORDING REQUESTED BY  
Western Title Company, Inc.  
AND WHEN RECORDED MAIL TO  
Name Jimmy F. Copple  
Street Address 916 Fairway Drive  
City, State Zip Gardnerville Nev 89410

# 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

LOCAL FILE NUMBER		STATE FILE NUMBER					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. Carol Jennie COPPLE		2. August 22, 1998	3a. Douglas				
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX			
3b. Gardnerville		3c. 916 Fairway Dr.	3e.	4. Female			
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.	7a. 56	7b. :	7c. :	8. May 10, 1942	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		
9a. Colorado		9b. U.S.A.	10. 12	11. Married	12. Jimmy F. Copple		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 4687		14a. Supply Attendant		14b. Telephone Industry			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas	15c. Gardnerville	15d. 916 Fairway Dr.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Tracey Penley		17. Ruth E. Benway					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jimmy F. Copple		18b. 916 Fairway Dr., Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>James P. Kelly</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nv. 89410				
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) <i>John P. Kelly, M.D.</i>		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) <i>John P. Kelly, M.D.</i>					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH
21b. 8/26/98		21c. 0205		22b.			22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)
21d.				22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada		23b. 6376					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>Christine Kape</i>		24b. 8-26-1998		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) <i>Esophageal Cancer</i>		: 2 yrs 8 months					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(b)		:					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c)		:					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
28a.		28b.	28c. M	28d.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE	
28e.		28f.		28g.			



STATE REGISTRAR

No. 135544

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

Date Issued: AUG 26 1998 0498862

*Gyonna Sylvia*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0900P60495

COPY

REQUESTED BY  
WESTERN TITLE COMPANY, INC.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 SEP -5 PM 12: 26

LINDA SLATER  
RECORDER

\$ 9.00 PAID K2 DEPUTY

0498862

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