

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

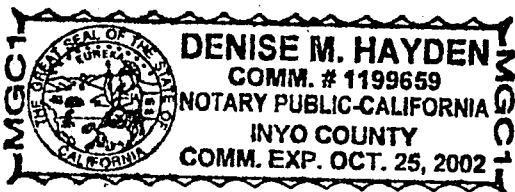
State of California

County of Inyo

On September 13, 2000 before me, Denise M. Hayden, Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Bobby W. Barron only,
Name(s) of Signer(s)

personally known to me – OR – proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Denise M. Hayden
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit- Death of Joint Tenant

Document Date: September 7, 2000 Number of Pages: 1

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: Bobby W. Barron

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:

self

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:

0499564

CERTIFICATION OF VITAL RECORD

COUNTY OF INYO

HEALTH & HUMAN SERVICES
P.O. DRAWER "H", INDEPENDENCE, CA 93526

CERTIFICATE OF DEATH

3-1997-14-000172

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 11/98)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) RUTH		2. MIDDLE ANN		3. LAST (FAMILY) BARRON	
4. DATE OF BIRTH MM/DD/CCYY 12/03/1939		5. AGE YRS. 57		6. SEX FE	
7. DATE OF DEATH MM/DD/CCYY 10/25/1997		8. HOUR 1655			
9. STATE OF BIRTH CALIFORNIA		10. SOCIAL SECURITY NO. -6737		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-EMPLOYED	
17. OCCUPATION CO-OWNER/OPERATOR		18. KIND OF BUSINESS AUTO PARTS SALES		19. YEARS IN OCCUPATION 22	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1506 ROCKING W DRIVE					
21. CITY BISHOP		22. COUNTY INYO		23. ZIP CODE 93514	
24. YRS IN COUNTY 45		25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP ROBERT BARRON, HUSBAND			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1506 ROCKING W DR., BISHOP, CALIFORNIA, 93514		
28. NAME OF SURVIVING SPOUSE—FIRST ROBERT		29. MIDDLE WAYNE		30. LAST (MAIDEN NAME) BARRON	
31. NAME OF FATHER—FIRST FLOYD		32. MIDDLE NELSON		33. LAST ROBERTS	
34. BIRTH STATE NEW YORK		35. NAME OF MOTHER—FIRST CAROL		36. MIDDLE REBECCA	
37. LAST (MAIDEN) DAILEY		38. BIRTH STATE NEW YORK			
39. DATE MM/DD/CCYY 10/30/1997		40. PLACE OF FINAL DISPOSITION EAST LINE STREET CEMETERY, BISHOP, CALIFORNIA			
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF EMBALMER <i>Kevin J. Brub</i>		43. LICENSE NO. 5724	
44. NAME OF FUNERAL DIRECTOR BRUNE & BUCK MORTUARY		45. LICENSE NO. FD 192		46. SIGNATURE OF LOCAL REGISTRAR <i>Susan Schley, M.D. / P.D.</i>	
47. DATE MM/DD/CCYY 10/29/1997					
101. PLACE OF DEATH NORTHERN INYO HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" 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 INYO		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 150 PIONEER LANE			
106. CITY BISHOP					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) ACUTE MYOCARDIAL INFARCTION				108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 97-99A	
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 DIABETES MELLITUS, RECURRENT URINARY TRACT INFECTIONS, VIRAL GASTROENTERITIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. CORONARY ARTERY BYPASS GRAFT --/--/1992; CARDIAC CATHETER 10/22/1996					
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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 12/17/1991 09/24/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>Nickoline M. Hathaway</i>		116. LICENSE NO. G47705	
117. DATE MM/DD/CCYY 10/27/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP NICKOLINE HATHAWAY M.D., 152 PIONEER LN., BISHOP, CALIF. 93514			
119. MANNER OF DEATH <input checked="" 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		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY			
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 MM/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					

BK0900P62896
0499564

2464

Susan Schley M.D.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF INYO }

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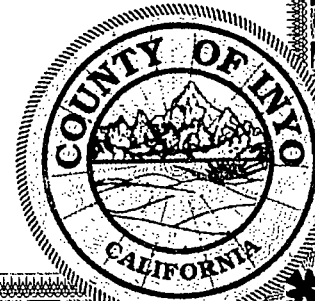
DATE ISSUED *10/29/1997*

HEALTH OFFICER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY HEALTH AND HUMAN SERVICES.

This copy not valid unless prepared on engraved border displaying raised seal and signature of 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 SEP 18 PM 3: 29

LINDA SLATER
RECORDER

\$ 10⁰⁰ PAID *KJ* DEPUTY

0499564

BK 0900 PG 2897