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

ACCM1529 ESCROW NO.

MRS. OLIVE C. PERVERE 1039 PINION PINE DR MINDEN, NV 89423

AFFIDAVIT

By Surviving Spouse Succeeding to Title to Community Property With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

OLIVE C. PERVERE	, of legal age, being first duly sworn, deposes and says:
That PRESCOTT C. PERVERE	the decedent mentioned in the attached certified conv
of Certificate of Death, is the same person as PRESCOTT C.	PERVERE
named as one of the parties in that certain GRANT DEED	
executed by WESTERN NEVADA PROPERTIES, INC	C., A NEVADA CORPORATION
to OLIVE C. PERVERE AND PRESCOTT C. PER	RVERE, WIFE AND HUSBAND AS
husband and wife, as Community Property, With Right of Survivo	orship, recorded as Instrument No. 0488676
on March 27, 2000 , in Book 0300 of CARSON CITY County, State of Neva	, Page 5043 , of Official Records
of CARSON CITY County, State of Neva	da, affecting the following described property:
SEE EXHIBIT "A" ATTACHED HERETO AND MA	ADE A PART HEREOF
That she/he was married to PRESCOTT C. PERVERE	at the time of death of decedent.
That no transfers of interest by either PRESCOTT C. PERV	, , , , , , , , , , , , , , , , , , , ,
OLIVE C. PERVERE	, have occurred in regards to the hereinabove
described community property estate.	
That PRESCOTT C. PERVERE	did not execute a Will in conflict with the Right of
Survivorship set forth in the above mentioned deed.	
THE ADDRESS OF THE PARTY OF THE	
That PRESCOTT C. PERVERE	died on September 30, 2000
at CARSON CITY	, as set forth in the attached Certificate of Death.
DATE: November 14, 2000	
DATE: November 14, 2000	Olive C. Pervere
	are c. euc
	OLIVE C. PERVERE
TATE OF NEVADA	
**************************************	SUZANNE CHEECHOV
OUNTY OF DOUGLAS } ss.	Notary Public - State of Nevada
DUNTY OF DOUGLAS }	Appointment Recorded in County of Douglas
us instrument was acknowledged before me on 1111, 2000	99-36456-5 My Appointment Expires June 25, 2003
OT TITE OF DEDITIES	
, OLIVE C. PERVERE	
	THIS INSTRUMENT IS BEING RECORDED AS
gnature/Nucle Nolcho	Accomodation only. No liability, express or implied, is assumed as to it's regular
Notary Public	OR SUPPICIENCY NOR AS TO ITS EFFECT. IF A

0503414 BK 1 1 0 0 PG 3 0 2 8

an Ed Ity UPON TITLE TO ANY REAL PROPERTY DESCRIBED THERSIN.

STEWART TITLE OF DOUGLAS COUNTY

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

LOOKE HELL HOM	3ER				DATE OF DEATH	(I		LE NUMBER INTY OF DEATH
DECEASED—NAME First		ddle	La: PERV		DATE OF DEATH (per 30, 20		Carson Ci
	제 교육하는 취실하는 함께 다른 살이라고 함께	mner	PERV.			If Hosp. or Inst. indica	ate DOA, OP/Eme	A CONTRACTOR OF THE CONTRACTOR
CITY, TOWN OR LOCATION (Tahoe Hosp	これ コーラナガー 松 美 コーデー		Rm. Inpatient (Specif	y)	4 Mal
b. Carson Cit		ent of Hispanic Orig	in? Specify ☐ yes 🟋no Rican, etc.	If yes, AGE—Last	UNDER 1 Y	EAR UNDER 1	DAY DATE OF	BIRTH (Mo., Day, Yr.)
RACE—(e.g., White, Black, An Indian, etc.) (Specify) 5. White	6.			7a. 82		7c.		gust 7, 19
STATE OF BIRTH (If not U.S.A.; name country) 9a. Massachus	etts 9b.	U.S.A.	grade completed.		(Specify) Mar	ried		Caulkins
SOCIAL SECURITY NUMBER 13. 9337	USUAL Working 14a.	Life. Even if Retire	ve Kind of Work Done Du d) Operator	ring Most of	AND THE RESERVE TO TH	Service		
RESIDENCE—STATE	COUNTY		city, town, or Lo			9 Pinion	PineDr	NSIDE CITY LIMITS Specify Yes or No.
15a. Nevada FATHER—NAME First	15b. Doug	Las Middle	15c. Milnue	MOTHER—MAIDE	N NAME F	rst	Middle	Last
			Pervere	17.	Nat	haline		Cumner
16. LVET INFORMANT—NAME (Type of	KIND AND THE CONTROL OF THE	A PAR STATE	MAILING ADD	PRESS	2.555 s. 67 to 8.55	F.D. No., City or Tow		
18a. Olive C.			18b. 103	9 Pinion	Pine Dr.	, Minden,	Nevada	89423
BURIAL, CREMATION, REMO	2 5 5 6 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CEMETER	RY OR CREMATORY-N	TN		LOCATION	City or Town	State
19a. Cremation		19b. T 1	cuckee Mead			19c.	Sparks,	Nevada
FUNERAL DIRECTOR—SIGN	2 1	FUNERAL	NUMBER	ND ADDRESS OF F	Ker	o Memoria	1	
(Or Person Acting as Such)	A Meanin	20b.	20 20c. 2	253 E. Ar		,	evada 8	
21a. To the best of my due to the cause(s	knowledge, death ooch	rred at me line, dat	te and place and		22a. On the basis of at the time, da	e and place and due	nvestigation, in my to the cause(s) an	d manner stated.
21a. To the best of my due to the cause(s) of the best of of the		12/2	7-3-	Pe gij	(Signature and Title		T	
DATE SIGNED (A		HOUR OF DI	EATH	s get	DATE SIGNED (Mo	., Day, Yr.)	HOUR OF DEA	TH
Eg 21b. /0	4/00	\$17(12)	950	oner contract of the contract	22b.		22c.	
NAME OF ATTEN	IDING PHYSICIAN IF C	THER THAN CERT	TIFIER (Type or Print)		PRONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCE	DEAD (Hour)
- <u>Ш</u> О 21d.					22d, ON		22e. AT	NSE NUMBER
NAME AND ADD	RESS OF CERTIFIER	PHYSICIAN, ATTE	NDING PHYSICIAN, MEL	DICAL EXAMINER, O	R CORONER). (Typ	e or Print.)		4628
23a. David	l S. Hoski	ns, M.D.	, P. O. Box	k 2200, G	ardnervi.	Lie, Nevad	1a 23b.	
REGISTRAR		7	DATE	RECEIVED BY REC	GISTRAR (Mo., Day,	Yr.) DEATH DUE TO	COMMUNICABL	E DISEASE
24a. (Signature)	Xm (Ø.E	CONTRACTOR STATE OF THE STATE O	etober 3	5 2000	24c. YES□		Charles and c
25. IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE	FOR (a), (b), AND (c).)	30			Interva	between onset and d
PART (a) ACC	te lle.	privat	on tai	lure.			<u>:</u>	
DUE TO, OR	AS A CONSEQUENCE	OF:	J				interva	l between onset and o
(b) \$351	piratio	m Kno	mon	<u> </u>			• • • • • • • • • • • • • • • • • • • •	I bearing and
DUE TO, OR	AS A CONSEQUENCE	E OF:					• Interva	l between onset and o
(c) Ch	conic	1348 1	dugia	_				· or personen TO
PART OTHER SIGNIFIC	CANT CONDITIONS—C	Conditions contribution	ng to death but not result	ing in the underlying	cause given in Part	AUTOPSY Ye	(Specify WAS Constitution of the constitutio	ASE REFERRED TO NER (Specify Yes or N
Brooler	Affectu	re Diso	rder 1)	canetes	Mule	128 Blens	27.	Yes
ACC. SUICIDE, HOM., UNE OR PENDING INVEST.	ET., DATE OF INJUR	Y (Mo., Day, Yr.) HO	OUR OF INJURY	DESCRIBE HOW	NJURY OCCURRED			
(Specify) 28a.	28b.	28	Sc. M	28d.				
INJURY AT WORK	PLACE OF INJ	URY-At home, fam building, etc. (\$	m, street, factory, office	LOCATION.	STREET OR	R.F.D. No.	CITY OR TOWN	STATE
(Specify Yes or No)	28f.	Dulluling, etc. (4		28g.				
							No 10	2052
	and the second s	and the same of th						4 12 22 4
CH NUTTO							MO.T.C	3653

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

Date Issued OCT 0 5 2000 0503414

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: ACCM1529

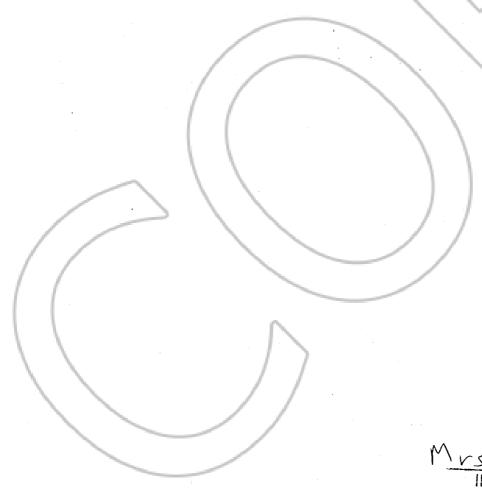
Parcel 1:

Unit 394 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Assessors Parcel No. 1320-29-119-030

Parcel 2:

A'non-exclusive easement for use, enjoyment ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.



REQUESTED BY

Mrs Olive C Pervere

IN OFFICIAL RECORDS OF

DOUGLAS CO., NEVADA

2000 NOV 16 AM 11: 05

LINDA SLATER
RECORDER

PAID K 2 DEPUTY

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