

A.P. No. 37-170-320
Escrow No. 2000-37198-KK

WHEN RECORDED MAIL TO:
Mr. and Mrs. Gary G. Bergman
4051 Gray Hill Rd.
Wellington, NV 89444

THIS INSTRUMENT IS BEING RECORDED AS AN
ACCOMMODATION ONLY. NO LIABILITY, EXPRESS
OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY
OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY,
UPON TITLE TO ANY REAL PROPERTY DESCRIBED
THEREIN.

FIRST AMERICAN TITLE CO.

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Garnet Herman Bergman, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated Sept. 30th 1977, executed by Linda M. Williams and Frank H. Williams to Garnet Herman Bergman and Ruth C. Bergman as joint tenants, recorded as Instrument No. 13883 on Sept. 30th 1977 in book 1077, page 559, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

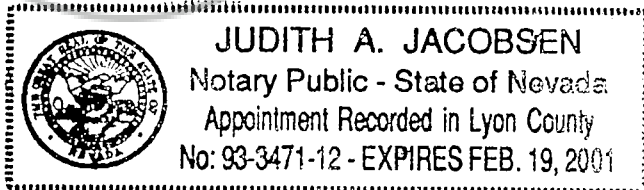
See Exhibit "A" for legal description

Dated 11-29-00

Ruth C. Bergman
Ruth C. Bergman

Subscribed and sworn to before me this 29 day of November, 2000

By
Judith A. Jacobsen
Notarial Officer



0504344

BK1200PG0426

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Garnet Herman BERGMAN			DATE OF DEATH (Month, Day, Year) 2. June 11, 1985		COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Valley Emer. Med. Health Ctr		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient (Specify) 3e. Emer. Rm. 2
RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. White	ETHNIC 4b. American	AGE—Last Birthday (Years) 5a. 75	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. Sept. 30, 1909
STATE OF BIRTH (If not U.S.A., name country) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED—NEVER MARRIED WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Ruth Thompson		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. ██████████ 7705		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Air Craft Mechanic 508		KIND OF BUSINESS OR INDUSTRY 14b. U.S. Government 761	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 4051 Gray Hills Road	INSIDE CITY LIMITS (Specify Yes or No) 15e. No	
FATHER—NAME First Middle Last 16. Nester Bergman			MOTHER—MAIDEN NAME First Middle Last 17. Josephine Webster		
INFORMANT—NAME (Type or Print) 18a. Ruth Bergman			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 4051 Gray Hills Road, Wellington, Nevada 89444		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Mt. View Crematory		LOCATION (City or Town, State) 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. <i>William P. Mill</i>		NAME AND ADDRESS OF FACILITY 20b. Walton Funeral Home 1281 N Roop St. Carson City, Nevada			
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>Terry Clodt</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) stated. (Signature and Title) <i>Op. of T. Clodt</i>		
DATE SIGNED (Mo., Day, Yr.) 21b.		HOUR OF DEATH 21c.		DATE SIGNED (Mo., Day, Yr.) 22b. 6-11-85	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 6-11-85		PRONOUNCED DEAD (Hour) 22c. 11:15 a.m. 22e. AT 11:15 A.M.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Terry Clodt (Dep. Coroner) P.O. Box 218, Minden, Nevada 89423					
REGISTRAR 24a. (Signature) <i>Jan M. Brown</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 11, 1985		DEATH DUE TO COMMUNICABLE DISEASE? 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:					
PART I (c) DUE TO, OR AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. No	
				WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE 28g.	SEAL

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

Date Issued:

JUN 25 1985

VITAL RECORDS

By:

Catherine S. Lowe No. 471
Deputy Registrar



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FIRST AMERICAN TITLE CO.

Exhibit "A"

Lot 54, as shown on the map of TOPAZ RANCH ESTATES NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 4, 1963.

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REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC -1 PM 4: 21

LINDA SLATER
RECORDER

\$ ^{9.00} PAID ^{K2} DEPUTY

0504344

BK 1200 PG 428