

129CAC

When recorded, mail to:

Dayla C. Limb
1415 Purple Sage
Gardnerville, Nevada 89410
APN# ~~29-233-04~~ 1220-22-211-024

THIS AFFIDAVIT OF SURVIVING JOINT TENANT IS BEING RE-RECORDED TO INCLUDE CERTIFIED DEATH CERTIFICATE.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 :SS
COUNTY OF DOUGLAS)

DAYLA C. LIMB hereby swears (or affirms) under penalty of perjury that the following assertions are true of her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am Dayla C. Limb, the person named as one of the grantees in that certain Individual Grant Deed recorded as Instrument No. 0423693, in Book 1097, Page 1919, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.
3. The property which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 24, in Block A, as shown on the Map of BARRINGTON RANCHOS, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 1, 1991, in Book 391, Page 187, as Document No. 245840, being a subdivision of Lot 706 as shown on the Map of Gardnerville Ranchos Unit No. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Assessor's Parcel No. ~~29-233-04~~ 1220-22-211-024

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issue or profits thereof.

0504929	0499774
BK1200PG2365	BK0900PG3531

4. Gary J. Limb was one of the grantees named in said deed and is the identical person named as Gary J. Limb, the decedent, in that certain Certificate of Coroner, a true and correct copy of which is annexed hereto and made a part hereof by reference.
5. I am Gary J. Limb' surviving Wife.
6. As recited in the above-described Certificate of Coroner, Gary J. Limb died on the 3rd day of September, 2000, in Gardnerville, Douglas County, Nevada.

Dayla C. Limb
DAYLA C. LIMB

State of Nevada)
) ss:
County of Douglas)

On the 20th day of September, 2000, personally appeared before me, a Notary Public,

Dayla C. Limb, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument

Carol Costa
Notary Public



0504929
BK 1200PG2366

0499774
BK 0900PG3532



WASHOE COUNTY

"To Protect and To Serve"



10 KIRMAN AVENUE
POST OFFICE BOX 11130
RENO, NEVADA 89520
PHONE: (702) 785-6114

OFFICE OF THE CORONER

September 18, 2000

To Whom It May Concern:

This is to certify that Gary John Limb died September 3, 2000, in Reno, Washoe County Nevada.

This death is currently under investigation by the Washoe County Coroner.

The death certificate is currently in "Pending" status and will be forthcoming upon completion of our investigation.

Sincerely,

Vernon O. McCarty by Arlyp K. Dean

Vernon O. McCarty
Washoe County Coroner

VOM:ad
cc: file

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

2000 SEP 20 PM 3:59

LINDA SLATER
RECORDER
\$ 9.00 PAID *OK* DEPUTY

0504929

0499774

BK 1200PG2367

BK 0900PG3533

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 101 IMAGE 978

2669

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

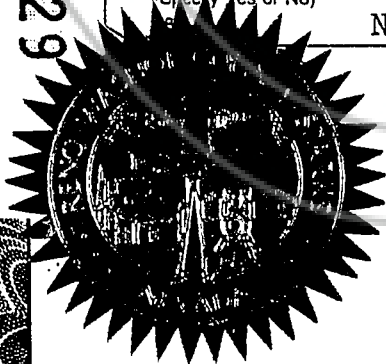
CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Gary John LIMB		2. September 3, 2000	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Reno		3c. Washoe Medical Center	
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.	
5. White		6. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 7247		14a. General Contractor	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Limb		17. Jean Molygoni	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Dayla C. Limb		18b. 1415 Purple Sage Dr., Gardnerville, Nevada 89410	
BIRIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>James M. [Signature]</i>		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. [REDACTED]		22b. November 27, 2000	
HOUR OF DEATH		HOUR OF DEATH	
21c. [REDACTED]		22c. 1930	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. September 3, 2000	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		22e. AT 1930	
LICENSE NUMBER		LICENSE NUMBER	
23b. WCC S. 35		23c. WCC S. 35	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i> Dep.		24b. November 27, 2000	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Anoxic encephalopathy		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Near drowning; by history		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
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)	
25a. Seizure disorder with subtherapeutic antiseizure medicine		26. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. Accident		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b. Sept. 3, 2000		28c. 1520 M	
DESCRIBE HOW INJURY OCCURRED		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28d. Fell into river and drowned		28g. East Fork of the Carson River, Gardnerville, Nevada	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
No		28f. River	

BK 1200PG2368



No.169119

STATE REGISTRAR

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

Deputy Registrar: *[Signature]*

Date: NOV 28 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

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

2000 DEC 13 PM 12: 36

LINDA SLATER
RECORDER

\$ 11.00 PAID BC DEPUTY

0504929

BK 1200PG2369