

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

ESCROW NO. 0008021252152
A.P.N. # 1320-33-402-051

MARIAN BARRETT
1496 CIRCLE
GARDNERVILLE, NV 89410

AFFIDAVIT - DEATH OF LIFE ESTATE

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

Marian Barrett, of legal age, being first duly sworn, deposes and says:
That Marie Sarasola, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as MARIE SARASOLA, A WIDOW
named as one of the parties in that certain life estate dated November 20, 1990
executed by Marie Sarasola
to Barbara Indiano, a married woman & Marian Barrett, a married woman
as joint tenants, recorded as Instrument No. 239976, on
in Book 1190, Page 4363, of Official Records of Douglas
County, Nevada, covering the following described property situated in the Douglas
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Marian Barrett
Marian Barrett

DATE: November 13, 2000

STATE OF Nevada)
) ss.
COUNTY OF Douglas)

This instrument was acknowledged before me on December 28, 2000,
~~1999~~ by Marian Barrett



Mary H. Kelsh
Notary Public
0506588
BK0101PG1708

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

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

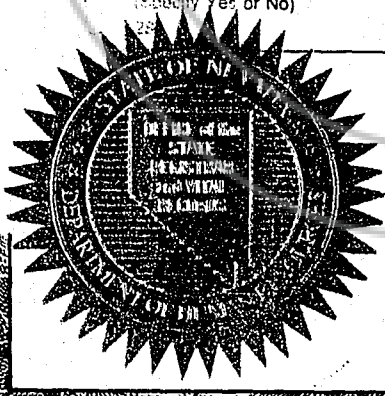
LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Marie SARASOLA		2. June 15, 2000	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Gardnerville		3c. 1421 Mission Street	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)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 96	a. Jan. 12, 1904
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)
9a. France	9b. U.S.A.	10. 4 years	11. Widowed
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 0507	14a. Homemaker	14b. Own Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1421 Mission St.
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Jean Arrossagaray		17. Marianne Urruty	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Marian Barrett		18b. 1496 Circle Drive, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Burial	19b. Walton's Carson Gardens	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>Marian Barrett</i>	20b. 9	20c. 1478 Fourth Street, Minden, Nevada 89423	
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>William O'Shaughnessy 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>William O'Shaughnessy M.D.</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 6-16-00		21c. 1830	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. William D. O'Shaughnessy, M.D., 911 Mountain St. Carson City, Nv.		22c.	
LICENSE NUMBER		22d. ON	
23b. 2383		22e. AT	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>Lore Cook</i>	24b. June 16, 2000	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) Congestive heart failure		: 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)
Fractured humerus		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.
28e.	28f.	28g.	CITY OR TOWN STATE

No. 159387

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: 0506588 JUN 16 2000

Gyonne Sylva
State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 000802125

That certain real property situated in the County of Douglas, State of Nevada, and more particularly described as follows, to-wit:

Being a portion of the South 1/2 of the Southwest 1/4 of Section 33, Township 13 North, Range 20 East, M.D.B. & M. Described as follows:

Commencing at a point on the Northerly side of Mission Street in the Town of Gardnerville, Douglas County, Nevada, 74 feet from the Southwest corner of a lot owned by Mary Jepsen and running thence in a Northeasterly direction 150 feet: thence at a right angle Northwesterly 76 feet; thence at a right angle Southwesterly 150 feet to the Northerly line of Mission Street; thence Southeasterly along the Northerly line of Mission Street 76 feet to the point of beginning; said property being the westerly 76 feet of that certain lot conveyed by Fred Hellwinkel and wife to Sybil Roper by Deed recorded January 7, 1907, in Book N of Deeds, Page 185, Records of Douglas County, Nevada.

ASSESSOR'S PARCEL NO. 1320-33-402-051

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 JAN 10 PM 3: 23

LINDA SLATER
RECORDER

\$ *Gov* PAID *BC* DEPUTY

0506588

BK 010 | PG 1710