

APN: 05-212-68

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

JOAN McFARLAND, being first duly sworn, deposes and says:

Affiant is the surviving spouse of KIRK C. McFARLAND. Affiant and the said KIRK C. McFARLAND are the grantees in joint tenancy under that certain Grant Bargain and Sale Deed dated August 10, 1995, under the terms of which KIRK C. McFARLAND and JOAN McFARLAND, husband and wife, acquired that certain piece and parcel of real property described on Exhibit "A," attached hereto, being Douglas County Assessor's Parcel No. 05-212-68, as joint tenants with right of survivorship. The said KIRK C. McFARLAND, one of the joint tenant grantees, died on the 27th day of December, 1999. A certified copy of the Death Certificate is attached hereto as Exhibit "B."

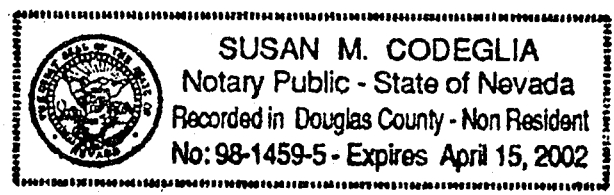
That all interest in and to the above-described real property vested absolutely in Affiant, namely JOAN McFARLAND, as of the date of the Decedent's death.

DATED: This 15th day of Dec, 2000.

By Joan McFarland
 JOAN McFARLAND

SUBSCRIBED AND SWORN TO BEFORE ME this
15th day of December, 2000.

Susan M. Codeglia
NOTARY PUBLIC



0507887
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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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Kirk Crawford MC FARLAND, Jr.		2. December 27, 1999		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)		SEX	
3b. Zephyr Cove		3c. 600 Highway 50, #119		3e.		4. Male	
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. 77		8. Nov. 3, 1922	
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. Missouri		9b. U.S.A.		10. 16		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 8482		14a. Structural Engineer		14b. Commercial			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Zephyr Cove		15d. 600 Hwy 50, #119	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. Kirk Crawford McFarland, Sr.		17. Valera Miller		15e. Yes			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Joan McFarland		18b. P. O. Box 842, Zephyr Cove, Nevada 89448					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>James Hill</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410			
To be completed by CERTIFYING PHYSICIAN		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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22b. 12/29/1999	
21b.		21c.		22c. 1122		22d. ON 12/27/99	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		22e. AT 1122			
21d.		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. Michael J. Helms, Dep. Coroner, P.O. Box 218, Minden, NV 89423		23b. 289					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>Vera A. Kochan</i>		24b. Dec 29, 1999		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		Interval between onset and death			
(a) Gunshot Wound Through Head		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)		DUE TO, OR AS A CONSEQUENCE OF:		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. Yes		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. Suicide		28b. Est 12/25/99		28c. unknown M		28d. Self inflicted gunshot wound	
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. CITY OR TOWN STATE		28e. No	
28e. No		28f. At home (upstairs bath)		28g. 600 Highway 50, Pinewild #119, Zephyr Cove,			

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



STATE REGISTRAR

Syonna Sylva

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

Date Issued: DEC 29 1999 0507887

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0101 PG 5716

No.159226

EXHIBIT "A"

All that certain Lot, Piece or Parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel No. 1

Unit No. 119, as shown on the Official Plat of Pinewild, Unit No. 2, a Condominium filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973, Book 1073, Page 1058, as Document No. 69660..

Parcel No. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel No. 1, above.

Parcel No. 3

An undivided interest as tenants in common as such interest is set forth in Book 377, Page 417, of the real property described on the Subdivision Map referred to in Parcel No. 1, above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of PINEWILD, recorded March 11, 1974 in Book 374 of Official Records, at Page 193, and Supplemental to Amended Declaration of Covenants, Conditions and Restrictions of PINEWILD, recorded March 9, 1977 in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, excepting non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

Parcel No. 4

Non-exclusive easements appurtenant to Parcel No. 1, above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of PINEWILD, more particularly described in the description of Parcel No. 3, above.

Together with all tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, and any reversion, remainders, rents, issues or profits thereof.

Page 5 of 5
Escrow No. 2901/DISK 6

368103

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EXHIBIT "A"

0507887

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COPY

REQUESTED BY
Jeffrey Rahbeck
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 JAN 31 AM 10: 55

LINDA SLATER
RECORDER

\$10⁰⁰ PAID KJ DEPUTY

0507887

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