

AFFIDAVIT - DEATH OF JOINT TENANT

APN 1320-32-712-003

SERAPIO MENDEGUIA, of legal age, being first duly sworn, deposes and says:

That MARIA JESUS MENDEGUIA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIA JESUS MENDEGUIA

named as one of the parties in that certain CORPORATION GRANT DEED dated JANUARY 6, 1992 executed by H & S CONSTRUCTION,, INC.

to GABRIEL BASAGOITIA and JACQUELINE BASAGOITIA, HUSBAND AND WIFE AND SERAPIO MENDEGUIA AND MARIA JESUS MENDEGUIA, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 268512, on JANUARY 7, 1992, in Book 192, Page 597, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the _____, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 3, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as Document No. 252075.

A.P.N. 1320-32-712-003

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____.

Dated JANUARY 19, 2001

STATE OF NEVADA }
COUNTY OF DOUGLAS

Serapio Mendeguia
S.S. SERAPIO MENDEGUIA

This instrument was acknowledged before me on

Jan 30, 2001
by Serapio Mendeguia

Mindy L. Millard
Notary Public

MINDY L. MILLARD
Notary Public - State of Nevada
Appointment Number 00-64849-5
My Appt. Expires July 5, 2004

(This area for official notarial seal)

Title Order No. 00084050

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name **GABRIEL BASAGOITIA**
Street Address 1591. HWY 395
City, State Zip MINDEN, NV 89423

0508285

0433171/29/01

BK0201PG1008

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

ROLL 86 IMAGE 126

95 010794

LOCAL FILE NUMBER 2278

STATE FILE NUMBER

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

| | | | | | | | | |
|--|--|---|--|---|---|---|--|--|
| 1. DECEASED—NAME First Middle Last Maria Jesus MENDEGUIA | | | 2. DATE OF DEATH (Month, Day, Year) October 26, 1995 | | 3a. COUNTY OF DEATH Washoe | | | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient / | | 4. SEX Female | | |
| 5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White | | 6. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. Spanish | | 7a. AGE—Last Birthday (Years) 66 | 7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS | 8. DATE OF BIRTH (Mo., Day, Yr.) October 27, 1928 | | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Spain | | 9b. CITIZEN OF WHAT COUNTRY U.S.A. | 10. Decedent's Education. Specify highest grade completed. 12 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (If wife, give maiden name) Serapio Mendeguia | | |
| 13. SOCIAL SECURITY NUMBER 5446 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner-Operator | | 14b. KIND OF BUSINESS OR INDUSTRY 641 Restaurant | | 15d. STREET AND NUMBER 2570 Gentry Ln. | | |
| 15a. RESIDENCE—STATE Nevada | 15b. COUNTY Carson City | 15c. CITY, TOWN, OR LOCATION Carson City | | 15d. STREET AND NUMBER 2570 Gentry Ln. | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER—NAME First Middle Last Francisco Garcia | | | 17. MOTHER—MAIDEN NAME First Middle Last Soltera Lifur | | | | | |
| 18a. INFORMANT—NAME (Type or Print) Jackie Basagoitia | | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1591 Hwy 395, Minden, Nevada 89423 | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery | | 19c. LOCATION City or Town State Carson City, Nevada | | | | |
| 20a. FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 25 | 20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 18 1745 Sullivan Lane, Sparks, Nevada 89431 | | | | | |
| 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>Frank Carrea</i> DATE SIGNED (Mo., Day, Yr.) 11/01/95 | | | 21c. HOUR OF DEATH 1130 | | | 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.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) FRANK CARREA, M.D. 85 KIRMAN AVE., RENO NV 89502 | | | | | 23b. LICENSE NUMBER 6473 | | | |
| 24a. REGISTRAR (Signature) <i>Sandi Bridges</i> Dep. | | | 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 2, 1995 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Renal insufficiency DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | | |
| PART I | (b) 593.9 DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | | |
| PART II | (c) Congestive heart failure | | | | | Interval between onset and death | | |
| 28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | 28b. DATE OF INJURY (Mo., Day, Yr.) | 28c. HOUR OF INJURY M | 28d. DESCRIBE HOW INJURY OCCURRED | | | 26. AUTOPSY (Specify Yes or No) | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) | |
| 28e. INJURY AT WORK (Specify Yes or No) | 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | | | | |

STATE REGISTRAR

No. 85396

Yvonne Sylva

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

Date Issued:

JAN 23 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY

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

2001 FEB -7 PM 12: 24

LINDA SLATER
RECORDER\$8.00 PAID *KJ* DEPUTY

0508285

BK0201PG1009