

APN: 1220-16-112-004

✓ When recorded mail to:  
Gloria Huffine  
1213 Fieldgate Ct.  
Gardnerville, NV 89410

AFFIDAVIT OF SURVIVING TENANT

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF CARSON CITY    )

GLORIA HUFFINE, being first duly sworn, deposes and says:

1. That Affiant is over the age of eighteen years and legally competent to make and execute this affidavit.
2. That GLORIA HUFFINE is the surviving community property tenant of GERALD F. HUFFINE.
3. That GERALD F. HUFFINE is now deceased, having died in the City of Gardnerville, County of Douglas, State of Nevada, on the 14th day of September, 2000. Attached hereto is a certified copy of the Certificate of Death of the said GERALD F. HUFFINE, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.
4. That during the lifetime of the said GERALD F. HUFFINE, GERALD F. HUFFINE and your affiant were owners under a Deed on the following described real property in the City of Gardnerville, County of Douglas, State of Nevada, as community property with the right of survivorship, more particularly described as follows:  
  
Lot 36, in Block C, as set forth on the Final Map of PLEASANTVIEW, PHASE II, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 19, 1992, in book 392, Page 3138, as Document No. 273622.
5. That said community property with the right of survivorship was created by a certain Deed made and executed on June 19, 1992, recorded on June 22, 1992, in Book 692, at Page 3710, in Douglas County, Nevada, Official Records, as Document No. 281484.
6. That by reason of the demise of the said GERALD F. HUFFINE, your affiant is the sole owner under the Deed on the above-described property.
7. That I do hereby swear under penalty of perjury that the assertions of this affidavit are true.

*Gloria Huffine*  
GLORIA HUFFINE  
1213 Fieldgate Ct.  
Gardnerville, NV 89410

SUBSCRIBED and SWORN to before me this 13  
day of OCTOBER, 2000, by GLORIA HUFFINE.

*Norman W. Bassett*  
Notary Public

**NORMAN W. BASSETT**  
Notary Public, State of Nevada  
Appointment No. 96-4803-3  
My Appt. Expires Sept. 12, 2004

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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   |   | STATE FILE NUMBER  |                                   |
| TYPE OR PRINT IN PERMANENT BLACK INK   | DECEASED—NAME First Middle Last<br>1. <b>Gerald Forrest HUFFINE</b>   |   | DATE OF DEATH (Month, Day, Year)<br>2. <b>September 14, 2000</b>   |                                   |
|  | CITY, TOWN OR LOCATION OF DEATH<br>3b. <b>Gardnerville</b>  |   | COUNTY OF DEATH<br>3a. <b>Douglas</b>  |                                   |
| DECEDENT   | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)<br>3c. <b>1213 Fieldgate Court</b>   |   | SEX<br>4. <b>Male</b>  |                                   |
|  | RACE—(e.g., White, Black, American Indian, etc.) (Specify)<br>5. <b>White</b>   | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.<br>6. | AGE—Last Birthday (Years)<br>7a. <b>63</b>   |                                   |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | STATE OF BIRTH (If not U.S.A., name country)<br>9a. <b>California</b>   | CITIZEN OF WHAT COUNTRY<br>9b. <b>U.S.A.</b>  | DATE OF BIRTH (Mo., Day, Yr.)<br>8. <b>Sept. 15, 1936</b>  |                                   |
|  | SOCIAL SECURITY NUMBER<br>13. <b>[REDACTED] 1095</b>  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br>14a. <b>Machinist Supervisor</b>  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>11. <b>Married</b>  |                                   |
| PARENTS  | FATHER—NAME First Middle Last<br>16. <b>Forrest G. Huffine</b>  |   | MOTHER—MAIDEN NAME First Middle Last<br>17.  |                                   |
|  | INFORMANT—NAME (Type or Print)<br>18a. <b>Gerald A. Huffine - Son</b>   |   | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>18b. <b>1640 Brightside St., Duarte, California 91010</b>  |                                   |
| DISPOSITION  | BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a. <b>Cremation</b>  | CEMETERY OR CREMATORY—NAME<br>19b. <b>FitzHenry's Crematory</b>   | LOCATION City or Town State<br>19c. <b>Carson City, Nevada</b>   |                                   |
|  | FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)<br>20a. <i>[Signature]</i>  | FUNERAL DIRECTOR LICENSE NUMBER<br>20b. <b>217</b>  | NAME AND ADDRESS OF FACILITY<br>20c. <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410</b>   |                                   |
| CERTIFIER  | To be Completed by CERTIFYING PHYSICIAN<br>21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <i>[Signature]</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.<br>(Signature and Title) <i>[Signature]</i> |                                   |
|  | DATE SIGNED (Mo., Day, Yr.)<br>21b. <b>9/15/00</b>  | HOUR OF DEATH<br>21c. <b>0500</b>   | DATE SIGNED (Mo., Day, Yr.)<br>22b.  | HOUR OF DEATH<br>22c.             |
|  | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>21d.   |   | PRONOUNCED DEAD (Mo., Day, Yr.)<br>22d. ON   | PRONOUNCED DEAD (Hour)<br>22e. AT |
|  | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)<br>23a. <b>John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada</b>           |   | LICENSE NUMBER<br>23b. <b>6376</b>   |                                   |
| CAUSE OF DEATH   | REGISTRAR<br>24a. (Signature) <i>[Signature]</i>  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br>24b. <b>Sept. 15, 2000</b>  | DEATH DUE TO COMMUNICABLE DISEASE<br>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                   |
|  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I (a) <b>Cancer of the Ampulla of Vater</b>  |   | Interval between onset and death<br>: : <b>4 years</b>   |                                   |
|  | (b) _____   |   | Interval between onset and death<br>: : _____  |                                   |
|  | (c) _____   |   | Interval between onset and death<br>: : _____  |                                   |
| 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)<br>26. <b>No</b>  | WAS CASE REFERRED TO CORONER (Specify Yes or No)<br>27. <b>Yes</b>  |  |                                   |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)<br>28a.  | DATE OF INJURY (Mo., Day, Yr.)<br>28b.  | HOUR OF INJURY<br>28c. <b>M</b>   | DESCRIBE HOW INJURY OCCURRED<br>28d.   |                                   |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>28f.  | LOCATION.<br>28g.   | STREET OR R.F.D. No.  | CITY OR TOWN   | STATE                             |



STATE REGISTRAR

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

*[Signature]*  
State Registrar

Date Issued: **0510019**      **SEP 15 2000**

No.169139

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REQUESTED BY  
Hampton Young  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 MAR -7 PM 4: 20

LINDA SLATER  
RECORDER

\$ 9.00 PAID KJ DEPUTY

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