

RECORDING REQUESTED BY	
Order No.	Escrow No.
AND WHEN RECORDED MAIL TO	
✓ Barbara A. Berry 3533 W. Michigan Glendale, AZ 85308	

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

A.P.N. _____

STATE OF ARIZONA)
) ss.
 County of Maricopa)

Barbara Ann Berry, of legal age, being first duly sworn, and deposes and says:

That Edward Freitas Lopes, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as E.F. Lopes, named as one of the parties in that certain Deed of Trust dated March 21, 1992 executed by E.F. Lopes, an unmarried man and Barbara A. Berry, an unmarried woman, as joint tenants, recorded as Instrument No. 274352, on March 30, 1992, in Book 392, Page 4895, of Official Records of Douglas County, Nevada, covering the following described property:

Kingsbury Crossing Owner Number 5405A.

An undivided one-three thousand two hundred and thirteenth (1/3213), interest as a tenant-in-common in the following described real property (The Real Property):

A portion on the North One-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Barbara A. Berry

 Barbara A. Berry

SUBSCRIBED AND SWORN to before me this 20th day of April, 2001 by Barbara A. Berry.

Karin H. Senerchia

 Karin H. Senerchia, Notary Public

My Commission Expires:



0513633

BK0501PG1600

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 102 IMAGE 742
LOCAL FILE NUMBER

380

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 Edward Freitas LOPES			2. DATE OF DEATH (Month, Day, Year) February 15, 2001		3a. COUNTY OF DEATH Washoe	
3. 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 Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		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.) August 14, 1934		9a. STATE OF BIRTH (If not U.S.A., name country) Hawaii	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER 3158		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Cattle
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1400 Job's Peak Drive	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER—NAME First Middle Last Joseph Freitas Lopes			17. MOTHER—MAIDEN NAME First Middle Last Blanche Susie Markle			
18a. INFORMANT—NAME (Type or Print) Lance Lopes			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1400 Job's Peak Drive, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 1109	20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial 644 Pyramid Way - 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>[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. (Signature and Title) <i>[Signature]</i>			
21b. DATE SIGNED (Mo., Day, Yr.) 2/21/01		21c. HOUR OF DEATH 1716		22b. DATE SIGNED (Mo., Day, Yr.)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) JOHN GANSEY 75 SPARKLE Way #1002, RENO NV 89509			23b. LICENSE NUMBER 9279			
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 21, 2001		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).)						
PART I	(a) Sepsis		Interval between onset and death		2 days	
	(b) Bowel Perforation		Interval between onset and death		17 days	
	(c) Malnutrition		Interval between onset and death		2 years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION.	28g. STREET OR R.F.D. No.	CITY OR TOWN	STATE	



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

Deputy Registrar: *[Signature]* **0513633** Date: **FEB 22 2001**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BR0501PG1601

No. 177443

COPY

REQUESTED BY
Barbara Berry
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 MAY -7 AM 10: 32

LINDA SLATER
RECORDER

\$ 9.00 PAID K2 DEPUTY

0513633
BK0501PG1602