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A.P. No. 1230-16-210-138
Escrow No. 2001-45753-DEC

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

✓ WHEN RECORDED MAIL TO:
Mr. and Mrs. Robert Keith Bridges
1233 Monarch Lane
Gardnerville, NV 89410

FIRST AMERICAN TITLE CO.

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That ROBERT GLENN BRIDGES, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT G. BRIDGES named as one of the parties in that certain Grant, Bargain & Sale Deed dated November 3, 1997, executed by John F. Cooney, Jr. to EVELYN L. BRIDGES and ROBERT G. BRIDGES, wife and husband as joint tenants, as to an undivided 84.67% interest, and STEVE A. WEISS and SUSAN LORRAINE WEISS, husband and wife as joint tenants, as to an undivided 15.33% interest recorded as Instrument No. 428050 on December 9, 1997 in book 1297, page 1838, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada:

Lot 2, Block I, as said Lot and Block are shown on the Amended Map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.

Dated May 15, 2001

Evelyn L. Bridges
Evelyn L. Bridges

Subscribed and sworn to before me this 15th day of May, 2001
by Evelyn L. Bridges

Danielle E. Curtis
Notarial Officer



0514556

BK0501PG5894

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		
1. DECEASED—NAME First Middle Last Robert Glenn BRIDGES			DATE OF DEATH (Month, Day, Year) 2 May 1, 2000		
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1233 Monarch Lane		3a. COUNTY OF DEATH Douglas
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X		AGE—Last Birthday (Years) 7a. 74	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12 years	
SOCIAL SECURITY NUMBER 13. [REDACTED] 3835		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Milk Processor		KIND OF BUSINESS OR INDUSTRY 14b. 101 Dairy Industry	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville	
FATHER—NAME First Middle Last 16. Rufus Bridges		MOTHER—MAIDEN NAME First Middle Last 17. Mary L. Alford		STREET AND NUMBER 15d. 1233 Monarch Ln.	
INFORMANT—NAME (Type or Print) 18a. Evelyn Bridges		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1233 Monarch Lane, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Veterans Memorial Cemetery		LOCATION City or Town State 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. John Sparks Memorial 31 644 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) Valerie T. Dickerson M.D.		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) [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b. 5/3/00	
21c. HOUR OF DEATH 21c. 18:20		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22b. ON		22c. PRONOUNCED DEAD (Hour) 22c. AT	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Valerie Dickerson, M.D., 925 Ironwood Dr., Ste. 2108, Minden, Nv.		89423		LICENSE NUMBER 23b. 8534	
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 3, 2000		DEATH DUE TO COMMUNICABLE DISEASE 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) myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Alzheimer's dementia DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
				28g.	

No.159382

STATE REGISTRAR

Gyonne Sylvia

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

Date Issued: **MAY 10 2000 0514556** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK050TP65895

COPY

REQUESTED BY
Evelyn L Bridges
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2001 MAY 22 AM 9:47

LINDA SLATER
RECORDER

\$^{9.00}7 PAID KJ DEPUTY

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