

A.P. No. 0000-13-331-050
Escrow No. 2001-45670-GB

WHEN RECORDED MAIL TO:

Jeanette Saba
947 East High Street
Carlisle PA. 17013

MAIL TAX STATEMENT TO:

Jeanette Saba
947 East High Street
Carlisle PA. 17013

AFFIDAVIT – DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Richard Ross Wilson, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard R. Wilson named as one of the parties in that certain Corporation Grant, Bargain and Sale Deed dated January 14, 1997, executed by Syncon Homes, A Nevada Corporation By: Brian Hanly to Richard R. Wilson and Roberta R. Wilson, husband and wife as joint tenants, recorded as Instrument No. 405639 on January 28, 1997 in book 0197, page 3674, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada:

Lot 27, in Block C as shown on the Final Map of VALLEY VISTA ESTATES 1, PHASE 1B filed for record in the office of the Douglas County Recorder on June 1, 1995 in Book 695, Page 389 as Document No. 363386.

Dated 7-16-01

Jeanette K. Saba
Jeanette Saba

Subscribed and sworn to before me this 16 day of July, 2001

By Dawn M. Shughart

Notarial Officer

NOTARIAL SEAL
DAWN M. SHUGHART, Notary Public
Carlisle, Cumberland County
My Commission Expires Nov. 28, 2002

0519001

BK0701PG5700

SEAL

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

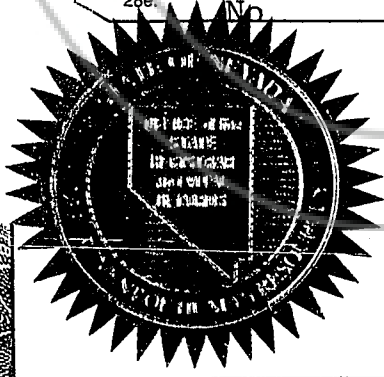
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Richard Ross WILSON			2. December 21, 1997		3a. Douglas
3b. Indian Hills		3c. 878 Meadow Vista		3e. 6	
3d. Male		3f. 6		3g. 6	
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)	
5. White		6.		7a. 62	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Kansas		9b. U.S.A.		10. 22	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 9737		14a. Psychologist		14b. 831 Medical Industry	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas County	15c. Indian Hills		15d. 878 Meadow Vista Dr.
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Lee Roy Wilson			17. Loraine Grooms		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Roberta Wilson			18b. 878 Meadow Vista Drive Carson City, NV. 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>Ammy Beaman</i>		20b. 62L		20c. Society, 1614 Curry St., Carson City, NV 89703	
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)			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		
21b.			21c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			DATE SIGNED (Mo., Day, Yr.)		
21d.			22b. 12/24/97		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			PRONOUNCED DEAD (Mo., Day, Yr.)		
23a. Deputy Scott Newton-Coroner, P.O. Box 218, Minden, Nevada 89423			22c. 2230		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <i>Judith Quarmath</i>			24b. 12-26-97		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 (a) Self inflicted gun shot to the head					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
PART II				26. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. Suicide		28b. 12/21/97		28c. 2230 M	
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		28f. Home		28g. 878 Meadow Vista, Carson City, Nevada	



STATE REGISTRAR

No. 116479

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

Date Issued:

DEC 31 1997 0519001

State Registrar

Yvonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0701 PG 5701
(BK0701 PG 5701)

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 JUL 23 PM 3:48

LINDA SLATER
RECORDER

\$ 9.00 PAID LS DEPUTY

0519001

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