

A.P.N. # 07-470-230
ESCROW NO. ACCOMO724

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

KAY BUSH-SPRAYBERRY
PO BOX 76
GAINESVILLE, TX 76240

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED 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.

STEWART TITLE OF DOUGLAS COUNTY

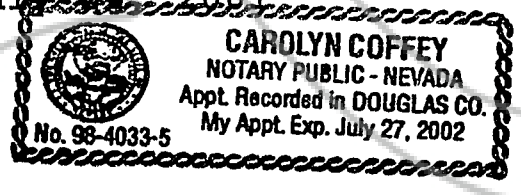
AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

KAY BUSH, of legal age, being first duly sworn, deposes and says:
That TOMMY HAYDEN BUSH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as T.H. BUSH named as one of the parties in that certain DEED dated JANUARY 24, 1990 executed by TIMOTHY R. ASKIN AND BEVERLY J. ASKIN, HUSBAND AND WIFE to T.H. BUSH AND KAY BUSH, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 219046, on JANUARY 29, 1990 in Book 190, Page 4063, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the CITY OF STATELINE, DOUGLAS County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: July 24, 2001



Kay Bush

KAY BUSH

STATE OF Nevada }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on July 24, 2001,
by, KAY BUSH

Signature *Carolyn Coffey*

Notary Public

0519099
BK0701PG6231

CERTIFICATION OF VITAL RECORD

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND, FLUORESCENT INKS, AND MICROPRINTING

STATE OF TEXAS
COUNTY OF COOKE

08727

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics
VS-112 REV. 9/95
The penalty for knowingly making a false statement in this form is a fine of up to \$10,000, (Health and Safety Code, Sec. 195, 1989)

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN Tommy Hayden Bush				2. SEX Male	3. DATE OF DEATH May 15, 1999
4. DATE OF BIRTH December 11, 1944		5. AGE (IN YEARS) 54	IF UNDER 1 YR. MO DAYS IF UNDER 1 DAY HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Gainesville, Texas	
8. RACE White		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 12
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Nancy Kathryn Brown		14. DECEDENT'S USUAL OCCUPATION Owner/Operator	
15a. RESIDENCE STREET ADDRESS P.O. Box 76				15b. CITY OR TOWN Gainesville	
15c. COUNTY Cooke		15d. STATE Texas		15e. ZIP CODE 76240	
15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			16. FATHER'S NAME Hayden Bush		
17. MOTHER'S MAIDEN NAME Nellie Walt			18. PLACE OF DEATH (CHECK ONLY ONE)		
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
19. COUNTY OF DEATH Cooke		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Gainesville		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 600 Fair Park Blvd.	
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Kay Bush</i> Wife			23. MAILING ADDRESS OF INFORMANT P.O. Box 76 Gainesville, Texas 76240		
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Martin Oaks Crematory		25b. Section Block Lot Space Unknown <input checked="" type="checkbox"/>	
26. LOCATION (CITY, STATE) Lewisville, Texas		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. DATE OF DISPOSITION May 19, 1999	
29. NAME & ADDRESS OF FUNERAL HOME Clement-Keel Funeral Home 1204 E. California St. Gainesville, Texas 76240					
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> JUSTICE OF THE PEACE					
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> Justice of the Peace			32. DATE SIGNED 5 20 99		33. TIME OF DEATH Unknown M.
34. PRINTED NAME & ADDRESS OF CERTIFIER Justice Of The Peace Dorothy Lewis Cooke County Court House Gainesville, Texas 76240					
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypertensive and arteriosclerotic cardiovascular disease DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. Diabetes mellitus DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF):					Approximate Interval Between Onset and Death Unknown Unknown
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)					36a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY	41b. TIME OF INJURY M.	41c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)					
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)					
41f. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 01-00127-99		42b. DATE RECEIVED BY LOCAL REGISTRAR JUNE 11, 1999		42c. SIGNATURE OF LOCAL REGISTRAR EVELYN WALTERSCHEID, COUNTY CLERK BY: <i>[Signature]</i> DEPUTY	

STATE OF TEXAS }
COUNTY OF COOKE }

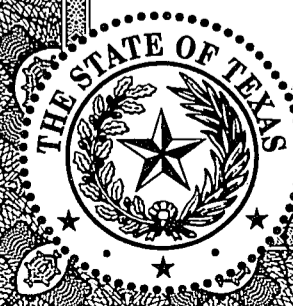
THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE. ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

DATE ISSUED: *June 11, 1999*

Evelyn Walterscheid
EVELYN WALTERSCHEID, COUNTY CLERK
COOKE COUNTY, TEXAS

Do not accept unless prepared on approved security paper displaying the official seal and signatures of the issuing agency. Not valid if photocopied. Lamination may void certificate.
33K 0701 PG 6232

By: *[Signature]* Deputy



05 9099
BK 0701 PG 6232

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas,, described as follows:

Lot 11, Block E, as shown on the Official Plat of Manzanita Heights, recorded in the Office of the County Recorder of Douglas County, Nevada, on November 20, 1979 as Document No. 38934, and amended Map recorded October 28, 1985, in Book 1085, Page 2628, as Document No. 125839.

Assessors Parcel No. 07-470-230

TOGETHER WITH an undivided 1/15th interest in and to Lot A, (Common Area), as shown on the Official Map of Manzanita Heights, filed for record in the office of the County Recorder of Douglas County, Nevada on November 20, 1979 as Document No. 38934, and Amended Map recorded October 28, 1985, in Book 1085, Page 2628, as Document No. 125839.

TOGETHER WITH a 20 foot wide access easement for ingress and egress purposes as granted by Kenneth C. Kjer, et ux in Document recorded October 2, 1979 in Book 1079, Page 192, Official Records of Douglas County, Nevada.

A 30 foot wide utility easement as granted by Kenneth C. Kjer, et ux, in Document recorded October 2, 1979 in Book 1079, Page 194, Official Records of Douglas County, Nevada; and

A 5 foot wide slope easement as deeded by Kenneth C. Kjer, et ux, in Document recorded August 28, 1979 in Book 879, Page 2107, Official Records of Douglas County, Nevada.

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 JUL 25 AM 10: 55

LINDA SLATER
RECORDER

\$ 9.00 PAID *Al* DEPUTY

0519099

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