

A.P.N. # 1220-10-410-003
ESCROW NO. 010801747

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

Judith L. Dreyer
1016 Sagebrush Ct
Gardnerville NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

JUDITH L. DREYER, of legal age, being first duly sworn, deposes and says:
That CARL H. DREYER, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as CARL H. DREYER
named as one of the parties in that certain JOINT TENANCY DEED dated January 11, 1991
executed by TIMOTHY C. BURNHAM AND SHARON L. BURNHAM
to CARL H. DREYER AND JUDITH L. DREYER, HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 242916, on January 15, 1991
in Book 191, Page 1702, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

Lot 3, as shown on the plat of GARDNERVILLE RANCHOS, filed in
the office of the County Recorder of Douglas County, Nevada, on
November 30, 1964, in Book 1 of Maps, Filing No. 26665.

Assessor's Parcel No. 1220-10-410-003

DATE: August 08, 2001

Judith L. Dreyer

JUDITH L. DREYER



STATE OF Nevada }
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on 8-10-01,
by, JUDITH L. DREYER

Mary H Kelsh

Signature Notary Public

520670

BK 0801 PG 3868

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					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. Carl Harold DREYER		2. May 16, 2001	3a. Carson City				
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX			
3b. Carson City		3c. Carson-Tahoe Hospital	3e. Inpatient	4. Male			
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. White	6.	7a. 65	7b. :	7c. :	8. March 3, 1936		
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)			
9a. California	9b. U.S.A.	10. 12	11. Married	12. Judith L. Hedstrom			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY					
13. ██████████ 1992	14a. Longshoreman	14b. 420 Shipping					
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1016 Sage Brush	15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Henry Dreyer		17. Rose Johnson					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Judy L. Dreyer		18b. 1016 Sage Brush Court, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State				
19a. Burial		19b. Eastside Cemetery	19c. Minden, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410				
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		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 5/18/01		21c. 1630		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada		23b. 6376					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE				
24a. (Signature) <i>[Signature]</i>		24b. May 18, 2001	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) Lung Cancer		: 7 months					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(b)		Interval between onset and death					
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 I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)				
26. No		27. No					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a.	28b.	28c.	28d.				
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE			
28f.	28g.						

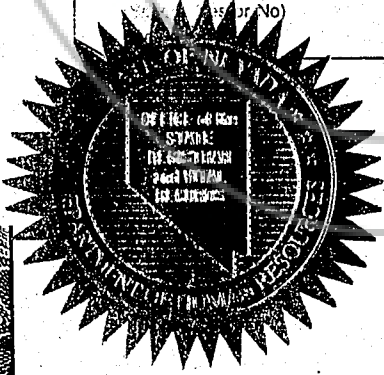
No. 183685

STATE REGISTRAR

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

Date Issued: MAY 22 2001

[Signature]
State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2001 AUG 15 PM 3: 31

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LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY