

Escrow No: 21100424

Order No:  
APN: 1319-11-002-013

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of Herbert Cordes

and that the Affiant and the said Herbert Cordes, deceased,

are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed

dated the 20th day of February, 1961, under the terms of which

HENRY H. CORDES and ERNA CORDES were Grantors

to: HERBERT F. CORDES and EVELYN CORDES, as husband and wife as

Joint Tenants with right of survivorship, upon the terms, covenants and

provisions as setforth therein, said document recorded February 21, 1961, in Book 5 at Page 274 as Document No:17278, of Official Records of Douglas

County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

SEE ATTACHED DESCRIPTION SHEET

That the said Herbert F. Cordes, one of the Grantees in the Joint Tenancy Deed, died on the 14th day of MAY, 2001, and is the identical person named in that

certain certified copy of Certificate of Death attached hereto as Exhibit A that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully

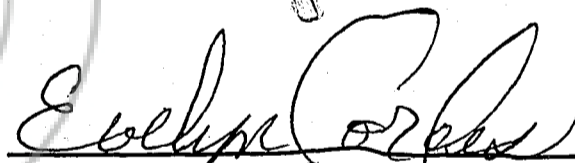
set forth. That all interest in and to said real property, hereinabove

described, vested absolutely in Affiant namely, Evelyn Cordes, as of the

as of the date of decedent's death.

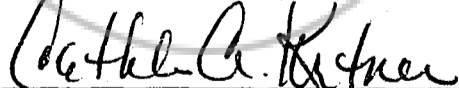
Dated: July 3, 2001

STATE OF ~~NEVADA~~ WASHINGTON  
COUNTY OF ~~DOUGLAS~~ PENO OREILLE

  
EVELYN CORDES

On July 12, 2001 2001, before me, the undersigned, a Notary Public in and for said County, personally appeared EVELYN CORDES, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

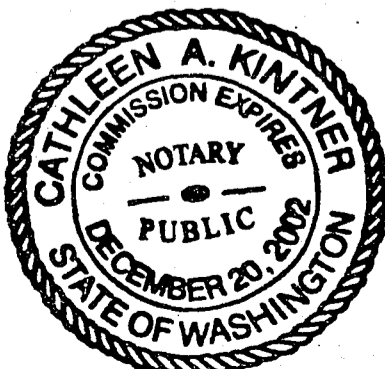
WITNESS my hand and official seal.

Signature 

NOTARY PUBLIC  
FOR STATE OF WASHINGTON  
PENNO OREILLE COUNTY  
MY COMMISSION EXPIRES:  
12/20/2002

WHEN RECORDED MAIL TO:

Evelyn Cordes  
P. O. Box 151  
Cusick, WA 99119



0522595  
BK0901PG2558

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

1654

LOCAL FILE NUMBER

146

STATE FILE NUMBER

OFFICE USE ONLY

DISTRICT

COPIES

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

1. NAME First: Herbert Middle: Fred Last: Cordes			2. SEX (M / F) Male	3. DEATH DATE (Mo., Day, Yr) May 14, 2001				
4. AGE LAST BIRTHDAY (Yrs) 74	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr) Mar 4, 1927	8. BIRTHPLACE (City, State or Foreign Country) Genoa, Nevada		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Spokane	
11. CITY, TOWN OR LOCATION OF DEATH Spokane			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Deaconess Medical Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Evelyn Marie Pariera		16. SOCIAL SECURITY NO. [REDACTED] 9822		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Rancher		19. KIND OF BUSINESS OR INDUSTRY Ranching		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET 2070 Westside Calispell Rd.		23. CITY/TOWN, OR LOCATION Cusick		24. INSIDE CITY LIMITS? (Yes/No) No	25A. COUNTY Pend Oreille	25B. LENGTH OF RES. IN CO. 35+ Yrs	26. STATE Wash.	27. ZIP CODE 99119
28. FATHER'S NAME—FIRST, MIDDLE, LAST Henry Herman Cordes				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Erna (Manke)				
30. INFORMANT—NAME Evelyn M. Cordes (wife)			31. MAILING ADDRESS P.O. Box 151, Cusick, WA 99119					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Buried		33. DATE (Mo., Day, Yr) May 19, 2001		34. CEMETERY/CREMATORY—NAME Newport Cemetery		35. LOCATION—CITY/TOWN, STATE Newport, Washington		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Sherman-Knapp Funeral Homes		38. ADDRESS OF FACILITY 423 W. 2nd / PO Bx 809 Newport, WA 99156				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: SIGNATURE AND TITLE <input checked="" type="checkbox"/> <i>[Signature]</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: SIGNATURE AND TITLE <input checked="" type="checkbox"/> George R. Lindholm, MD, Medical Examiner				
40. DATE SIGNED (Mo., Day, Yr)		41. HOUR OF DEATH (24 Hrs.)		44. DATE SIGNED (Mo., Day, Yr) May 15, 2001		45. HOUR OF DEATH (24 Hrs.) 1548		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr) May 14, 2001		47. HOUR PRONOUNCED DEAD (24 Hrs.) 1548		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Geo. R. Lindholm, MD, Med. Ex., 1116 W. Broadway, Spokane, WA 99260						49. ME/CORONER FILE NUMBER 01-223		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Community Acquired Pneumonia DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		B. Cervical Neck Fracture (4-30) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		C. Blunt Impact Injury (fall) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		D.				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Rheumatoid Arthritis requiring crutches to walk					52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident		55. INJURY DATE (Mo., Day, Yr) 4-30-01		56. HOUR OF INJURY (24 Hrs.) 1827	57. DESCRIBE HOW INJURY OCCURRED: While entering his home, subject lost hold of one of his crutches and fell.			
58. INJURY AT WORK? (Yes / No) No		59. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify) Home		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 2070 Westside Calispell Rd., Cusick, WA				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr.) 5-16-01			

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE ORIGINAL SEAL.

0522595 BK0901PG2554 (BK0901 PG 2554)

# AFFIDAVIT FOR CORRECTION

**USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY**

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE			17. DATE	18. ADDRESS

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

**Death Certificates**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

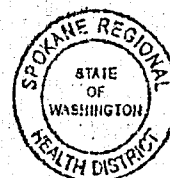
1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.

**CERTIFIED**  
 SPOKANE REGIONAL HEALTH DISTRICT



*Kim Marie Thorburn*

KIM MARIE THORBURN, MD, MPH  
 HEALTH OFFICER, REGISTRAR

**SEAL**

**0522595**

**BK0901PG2555**

MAY 23 2001

**HH00896310**

# EXHIBIT "A"

All that certain parcel of land situate in the County of Douglas, State of Nevada, being a portion of the Southwest  $\frac{1}{4}$  of Section 10, Township 13 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Commencing at a point bearing North  $88^{\circ}02'00''$  East, a distance of 5,663.44 feet from the Section corner common to Sections 9, 10, 15 and 16 in said Township and Range;  
thence North  $5^{\circ}15'$  West, a distance of 36.28 feet to a point on the Northerly right-of-way of the state highway, the TRUE POINT OF BEGINNING;  
thence North  $5^{\circ}15'$  East, 340 feet;  
thence South  $69^{\circ}30'30''$  East, 88.82 feet;  
thence South  $5^{\circ}15'$  West, 150 feet;  
thence South  $3^{\circ}35'59''$  West, 190.01 feet to a point on the Northerly right-of-way of the state highway;  
thence along said right-of-way North  $70^{\circ}25'20''$  West, a distance of 94.1 feet to the TRUE POINT OF BEGINNING.

Assessor's Parcel No. ~~17-140-020~~

1319-11-002-013

REQUESTED BY  
**MARQUIS TITLE & ESCROW, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 SEP 11 AM 10:02

LINDA SLATER  
RECORDER

\$ 10<sup>00</sup> PAID LD DEPUTY

0522595

BK0901PG2556