

APN 1022-16-001-014

cc.com

after recording return to: **AFFIDAVIT - DEATH OF JOINT TENANT**

Mathew Cushman
3650 Granite Way
Wellington, Nv. 89444

STATE OF NEVADA)
County of CARSON CITY) ss

MATTHEW L. CUSHMAN, of legal age, being first duly sworn, deposes and says:

RE That PEGGY J. CUSHMAN, the decedent mentioned in the attached
Certified copy of Certificate of Death, is the same person as PEGGY J. CUSHMAN
named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated NOV. 16, 1998
executed by MATTHEW L. CUSHMAN,
to MATTHEW L. CUSHMAN AND PEGGY J. CUSHMAN
as Joint Tenants, recorded as Document No. 0456846 on DEC. 17, 1998
Book 1298, Page 4398, DOUGLAS COUNTY State of NEVADA
Covering the following described property situated in DOUGLAS County,
State of NEVADA, described as follows:

LOT 16 IN BLOCK "S" AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES, UNIT
NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY
NEVADA, ON NOVEMBER 16, 1970 AS DOCUMENT NO. 50212.

APN 1022-16-001-014

That the said decedent, PEGGY J. CUSHMAN is one of the
joint tenant grantees in that certain said GRANT, BARGAIN, SALE DEED and that all
interest in and to said real property is vested absolutely in affiant, namely MATTHEW L. CUSHMAN

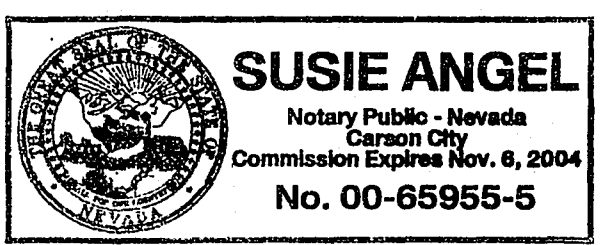
Dated: SEPTEMBER 10, 2001

Matthew L. Cushman
MATTHEW L. CUSHMAN

SUBSCRIBED AND SWORN TO before me,
a Notary Public, this 10 day
of SEPTEMBER, ~~10~~ 2001

Susie Angel
(Signature) SUSIE ANGEL

Name _____
(Typed or printed)



0522784
BK0901PG3320

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA - STATISTICS OF HUMAN RESOURCES

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Altered

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

BK0901PG3321
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LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Peggy Jo CUSHMAN		2. DATE OF DEATH (Month, Day, Year) April 5, 2000	
3b. CITY, TOWN OR LOCATION OF DEATH Wellington		3a. COUNTY OF DEATH Douglas	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3650 Granite Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	
4. SEX Female		8. DATE OF BIRTH (Mo., Day, Yr.) December 21, 1957	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 42		7b. UNDER 1 YEAR MOS : DAYS 810	
7c. UNDER 1 DAY HOURS : MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 8		12. SURVIVING SPOUSE (If wife, give maiden name) Matthew L. Cushman	
13. SOCIAL SECURITY NUMBER 5000		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dealer	
14b. KIND OF BUSINESS OR INDUSTRY Gaming		14c. 459	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Wellington		15d. STREET AND NUMBER 3650 Granite Way	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Charles Nagel	
17. MOTHER—MAIDEN NAME First Middle Last Martha Cabel		18a. INFORMANT—NAME (Type or Print) Matthew L. Cushman - Husband	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3650 Granite Way, Wellington, Nevada 89444		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
19b. CEMETERY OR CREMATORY—NAME Mottsville Cemetery		19c. LOCATION City or Town State Mottsville, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James M. Hill</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral 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) <i>Evan W. Easley</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 4/6/00		21c. HOUR OF DEATH 1115	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <i>Evan W. Easley</i>	
22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Evan W. Easley M.D., 1107 Highway 395, Gardnerville, NV 89410		23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) <i>Hera R. Kochopp</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 6, 2000	
24c. DEATH DUE TO COMMUNICABLE DISEASE 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) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Malignant Melanoma		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

Information corrected, State Affidavit #036301, 4/10/00.

Item #7a. 43

Item #8. December 21, 1956

STATE REGISTRAR

No. 166828



James M. Hill

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

Date Issued:

APR 10 2000

State Registrar

COPY

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

2001 SEP 14 AM 11:59

LINDA SLATER
RECORDER

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