

A.P. No. 1420-08-211-008
Escrow No. 2001-44340-DEC

WHEN RECORDED MAIL TO:
Edward A. Cannell
1008 Haystack Dr.
Carson City, NV 89705

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

FIRST AMERICAN TITLE CO.

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Ellamae Marine Cannell, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ellamae M. Cannell named as one of the parties in that certain Individual Grant Deed dated June 15, 1995, executed by Keuper Kustom Homes, Inc., a Nevada corporation to Edward A. Cannell and Ellamae M. Cannell, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 365251 on June 29, 1995 in book 695, page 5163, 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:

SEE ATTACHED EXHIBIT "A" MADE A PART HEREOF.

Dated 6/13/01

Edward A. Cannell
Edward A. Cannell

Subscribed and sworn to before me this 13th day of June, 2001

By Edward A. Cannell

Danielle E. Curtis
Notarial Officer



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 DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
DECEDENT	1. Ellamae Marine CANNELL	2. April 30, 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)
	3b. Carson City	3c. Carson Convalescent Center	3e. Inpatient
	4. Female	SEX	
PARENTS	5. White	6. 78	7a. 78
	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)
	9a. Nebraska	9b. U.S.A.	10. 18
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
DISPOSITION	11. Married	12. Edward Cannell	13. 0137
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	SOCIAL SECURITY NUMBER
	14a. Registered Nurse	14b. Medical Industry	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)
	KIND OF BUSINESS OR INDUSTRY	RESIDENCE—STATE	COUNTY
CERTIFIER	15a. Nevada	15b. Douglas	15c. Indian Hills
	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	15d. 1008 Haystack Dr.
	16. Walter Lee Marine	17. Gladys Mae Banbury	15e. Yes
	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	INSIDE CITY LIMITS (Specify Yes or No)
CAUSE OF DEATH	18a. Edward Cannell	18b. 1008 Haystack Dr. Carson City, Nevada 89705-8069	19a. Cremation
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
	19b. Carson Sierra Crematory	19c. Carson City Nevada	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)
	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	20a. Jimmy Bean
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20b. 09	20c. 1281 N. Roop St. Carson City, NV 89706	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	21b. 5/2/01
	21c. 2020	21d. 2020	21e. 2020
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21f. 2020	21g. 2020
CAUSE OF DEATH	22a. Dr. L. J. Gay, 2385 E. Prater Way, Sparks, Nevada 89434	22b. 5152	22c. 5152
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	LICENSE NUMBER	22d. ON
	22d. ON	22e. AT	22f. AT
	22g. AT	22h. AT	22i. AT
CAUSE OF DEATH	23a. Dr. L. J. Gay, 2385 E. Prater Way, Sparks, Nevada 89434	23b. 5152	23c. 5152
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	LICENSE NUMBER	23d. 5152
	23d. 5152	23e. 5152	23f. 5152
	23g. 5152	23h. 5152	23i. 5152
CAUSE OF DEATH	24a. Wala R. Debono	24b. May 3 2001	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
	24d. May 3 2001	24e. NO	24f. NO
	24f. NO	24g. NO	24h. NO
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	25a. Cardiac arrest	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	25b. Ischemic heart disease	Interval between onset and death
	25c. Hypertension	Interval between onset and death	Interval between onset and death
	25d. 2020	Interval between onset and death	Interval between onset and death
CAUSE OF DEATH	26. NO	26a. NO	26b. NO
	AUTOPSY (Specify Yes or No)	26c. NO	26d. NO
	26e. NO	26f. NO	26g. NO
	26h. NO	26i. NO	26j. NO
CAUSE OF DEATH	27. Yes	27a. Yes	27b. Yes
	WAS CASE REFERRED TO CORONER (Specify Yes or No)	27c. Yes	27d. Yes
	27e. Yes	27f. Yes	27g. Yes
	27h. Yes	27i. Yes	27j. Yes
CAUSE OF DEATH	28a. CHE, Atrial Fibrillation	28b. Heart failure	28c. Heart failure
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
	28d. 2001	28e. 2001	28f. 2001
	28g. 2001	28h. 2001	28i. 2001
CAUSE OF DEATH	28j. 2001	28k. 2001	28l. 2001
	28m. 2001	28n. 2001	28o. 2001
	28p. 2001	28q. 2001	28r. 2001
	28s. 2001	28t. 2001	28u. 2001



STATE REGISTRAR

Gyonne Sylva

No. 181890

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

Date Issued: **MAY 04 2001 0522879** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0901PG3706

EXHIBIT "A"

Lot 34, in Block A, as set forth on the final map of SUNRIDGE HEIGHTS, PHASES 4 & 5A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1004, in Book 794, Page 1, as Document No. 340968.

A.P.N. 1420-08-211-003

COPY

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

2001 SEP 17 AM 11:57

LINDA SLATER
RECORDER

\$ ^{9.00} PAID *KJ* DEPUTY

0522879

BK0901 PG3707