

010502163-70

WHEN RECORDED MAIL TO:
TED L. WINGER
1335 NORTHAMPTON CIRCLE
GARDNERVILLE, NV 89410

APN ~~27-760-11~~ 1220-16 412-011

TSF-10651 JC

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF LYON)

TED L. WINGER of legal age, being first duly sworn, deposes and says: THAT the deceased mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN PARKS named as one of the parties in that certain Grant Deed dated MAY 27, 1994 executed by TED L. WINGER and RICHARD PIKE to MARCIA L. PARKS and JOHN PARKS, wife and husband as Joint Tenants, with rights of survivorship, as to an undivided 10% interest, and recorded in the Official Records of Douglas County, Nevada, on July 8, 1994, in Book 794, page 1088, as Document No. 341467 and covering all of that certain real property described as follows:

Lot 8, in Block A, as shown on the official map of RABBITRUSH CORNERS, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 2, 1992, in Book 392, page 001, as Document No. 272299.

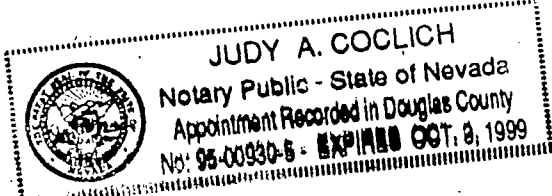
Dated 2/11/99

Ted L. Winger
TED L. WINGER

STATE OF NEVADA)
) SS.
COUNTY OF LYON)

On 2/11/99 personally appeared before me, a Notary Public (or Judge or other authorized person, as the case may be), TED L. WINGER who acknowledged to me that he executed the within instrument.

Judy A. Coclich
Notary Public



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STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER _____ USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97) LOCAL REGISTRATION NUMBER _____

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) JOHN	2. MIDDLE DAVID	3. LAST (FAMILY) PARKS
	4. DATE OF BIRTH M/M/DD/CCYY 02/16/1950	5. AGE YRS. 48	6. SEX M
	7. DATE OF DEATH M/M/DD/CCYY 12/28/1998	8. HOUR 2222	
	9. STATE OF BIRTH OK.	10. SOCIAL SECURITY NO. ██████████6773	11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
USUAL RESIDENCE	13. EDUCATION—YEARS COMPLETED 12	14. RACE CAUCASIAN	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	16. USUAL EMPLOYER COUNTY OF RIVERSIDE	17. OCCUPATION FIREFIGHTER	18. KIND OF BUSINESS FIRE & SAFETY
	19. YEARS IN OCCUPATION 22	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 80-367 CORTE EL DORADO	
INFORMANT	21. CITY INDIO	22. COUNTY RIVERSIDE	23. ZIP CODE 92201
	24. YRS IN COUNTY 22	25. STATE OR FOREIGN COUNTRY CA.	
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP MARCIA PARKS—WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 80-367 CORTE EL DORADO INDIO, CA. 92201
	28. NAME OF SURVIVING SPOUSE—FIRST MARCIA	29. MIDDLE LEE	30. LAST (MAIDEN NAME) WINGER
	31. NAME OF FATHER—FIRST JOHN	32. MIDDLE THOMAS	33. LAST PARKS
DISPOSITION(S)	34. BIRTH STATE AR.	35. NAME OF MOTHER—FIRST ELIZABETH	36. MIDDLE ANN
	37. LAST (MAIDEN) HUTCHENS	38. BIRTH STATE AR.	39. DATE M/M/DD/CCYY 12/31/1998
FUNERAL DIRECTOR AND LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION RES: M.PARKS 80-367 CORTE EL DORADO INDIO, CA.		41. TYPE OF DISPOSITION(S) CR/RES
	42. SIGNATURE OF EMBALMER <i>Tom Uman</i>		43. LICENSE NO. 8341
	44. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME	45. LICENSE NO. FD-967	46. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman MD</i>
PLACE OF DEATH	47. DATE M/M/DD/CCYY 12/30/1998		48. COUNTY RIVERSIDE
	101. PLACE OF DEATH JOHN F. KENNEDY MEMORIAL HOSPITAL	102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OF <input type="checkbox"/> DOA	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER
CAUSE OF DEATH	104. CITY INDIO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 47111 MONROE STREET
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) <i>Atherosclerotic Cardiovascular Disease</i>	TIME INTERVAL BETWEEN ONSET AND DEATH Years	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES REFERRAL NUMBER 986699 <input type="checkbox"/> NO
	DUE TO (B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C)		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (D)		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <i>Hypertension</i>		
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <i>no</i>		
CORONER'S USE ONLY	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER <i>Paul D. Trujillo</i>	116. LICENSE NO.
	117. DATE M/M/DD/CCYY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE M/M/D/CCYY
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Paul D. Trujillo</i>	127. DATE M/M/DD/CCYY 12/30/1998
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER PAUL D. TRUJILLO, DEPUTY CORONER		FAX AUTH. # 663984	CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

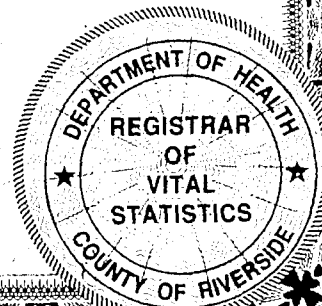
STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

Gary Feldman MD
 Gary Feldman M.D.
 Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED 01/05/1999

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 SEP 28 PM 4: 29

LINDA SLATER
RECORDER

\$ 9.00 PAID KS DEPUTY

0524056

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