

A.P. No. 1220-21-610-112
Escrow No. 2001-54480-KM

WHEN RECORDED MAIL TO:

David Villela
1353 Honeybee
Gardnerville, NV 89410

MAIL TAX STATEMENT TO:

Same as above

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Carolyn Sue Villela, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carolyn Sue Villela named as one of the parties in that certain Grant Deed dated March 7, 1997, executed by Marshall Greer McDonald and Christine Maria McDonald, HWJT to David A. Villela and Carolyn Sue Villela, husband and wife as joint tenants, recorded as Instrument No. 409997 on April 4, 1997 in book 0497, page 0768, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada:

Lot 561, as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Dated 10-15-01

David A. Villela
David A. Villela



Subscribed and sworn to before me this 15 day of October, 2001

By David A. Villela

Kathy Merrill
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

ROLL 104 IMAGE 665

2184

STATE FILE NUMBER

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

LOCAL FILE NUMBER 2184		STATE FILE NUMBER						
1. DECEASED—NAME First Middle Last Carolyn Sue VILLELA			2. DATE OF DEATH (Month, Day, Year) September 9, 2001	3a. COUNTY OF DEATH Washoe				
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) Emergency 1	4. SEX Female			
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) 59	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) August 1, 1942	
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 914		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) David A. Villela
13. SOCIAL SECURITY NUMBER 5305		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home				
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1353 Honeybee Ln.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER—NAME First Middle Last Lincoln Libby			17. MOTHER—MAIDEN NAME First Middle Last Rita Bookhout					
18a. INFORMANT—NAME (Type or Print) David a. Villela			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1353 Honeybee Lane, Gardnerville, Nevada 89410					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada				
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 Fourth Street, Minden, Nevada 89423 53				
21a. To be completed by CERTIFYING PHYSICIAN 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>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 9/12/01		21c. HOUR OF DEATH 1655		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Paul M. Katz, 50 Kirman, Ste. 201, Reno, Nevada 89502		21e. LICENSE NUMBER 9899
22a. To be completed by Coroner's Office 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>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)
23a. REGISTRAR (Signature) <i>[Signature]</i> Dep.		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 13, 2001		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I (a) Hemiparesis DUE TO, OR AS A CONSEQUENCE OF:		PART II (b) Brain Tumor DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
25. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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				

STATE REGISTRAR

No. 206802

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

Date Issued: 0525225 OCT 11 2001

Sylvia
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1001 PG 4825

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 OCT 16 AM 11:24

LINDA SLATER
RECORDER

s/lc PAID *K2* DEPUTY

0525225

BK 1001 PG 4826