

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, Michael. Kuhl, being duly sworn, say:

I am 18 years of age or over.

I am the spouse of the decedent described in the attached certified copy of Certificate of Death.

The decedent described in the attached Certificate of Death is the same person as JAMIE KUHL, who is named as one of the parties in the deed dated August 28, 1989, executed by William Nicholas Glab, Thomas A. Glab and Chirstopher J. Glab as general partners of the WTC Investment Club, to MICHAEL KUHL and JAMIE KUHL, husband and wife as joint tenants, recorded September 26, 1989, as Document no. 211782 in Book 0989, Page 3647 of the Official Records of Douglas County, Nevada, covering the property situated in Douglas County, Nevada, described as follows:

Lot 16, as shown on the 2nd Amended Plat of Uppaway, filed in the office of the County Recorder of Douglas County, Nevada on February 6, 1981 in Book 281, Page 968, as Document No. 53353, being an amended map of Uppaway, filed on May 21, 1976

Assessor's parcel no. 01-100-06

The decedent died on April 21, 2001 at Glenbrook, Nevada.

Dated: 10/24/01

Michael Kuhl
Michael Kuhl

Subscribed and sworn to before me on 10/24/01

Clare Golnick
Notary



✓ CLARE GOLNICK
A PROFESSIONAL CORPORATION
POST OFFICE BOX 70940
RENO, NV 89570-0940

0526435
BK 1001 PG 9475

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

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

1. DECEASED—NAME First Middle Last Jamie L. Kuhl			DATE OF DEATH (Month, Day, Year) 2 April 21, 2001		COUNTY OF DEATH 3a. Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Glenbrook		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) # 16 Kelly Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	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) 51	7b. UNDER 1 YEAR MOS : DAYS :
9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 13	
13. SOCIAL SECURITY NUMBER -6661		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 Glenbrook	
15d. STREET AND NUMBER Kelly Circle 16		15e. INSIDE CITY LIMITS (Specify, Yes or No) Yes			
16. FATHER—NAME First Middle Last James V. Lowe			17. MOTHER—MAIDEN NAME First Middle Last Wilma Feezor		
18a. INFORMANT—NAME (Type or Print) Michael Kuhl			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) #16 Kelly Circle, Glenbrook, Nevada 89413		
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 Chapel of the Valley 02 1281 N. Roop Street, Carson City, Nevada 89706	
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>[Signature]</i>			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>[Signature]</i>		
21b. DATE SIGNED (Mo., Day, Yr.) 06-01-2001		21c. HOUR OF DEATH 1520		22b. DATE SIGNED (Mo., Day, Yr.) 06-01-2001	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mark Weaver, Deputy Coroner, P.O. Box 218, Minden, Nevada 89423		21e. LICENSE NUMBER 114		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 04-21-01	
22d. PRONOUNCED DEAD (Hour) 1520		22e. AT 1520			
23a. REGISTRAR <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 4, 2001		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Hypertensive cardiovascular disease with cardiomegaly					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Obesity fatty metamorphosis of liver				26. AUTOPSY (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			
28f. INJURY AT WORK (Specify Yes or No)		28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			

No. 182807

STATE REGISTRAR

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

Date Issued: JUN 20 2001

0526435

State Registrar

[Signature]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1001PG9476

COPY

REQUESTED BY

Clare Golwick

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 OCT 29 PM 12: 21

LINDA SLATER
RECORDER

\$16⁰⁰ PAID KL DEPUTY

0526435

BK 1001 PG 9477