

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

MARY HAIGHT, being duly sworn, declares:

That HARRISON P. HAIGHT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HARRISON P. HAIGHT, named as one of the parties in the Deed executed by William H. Guthreau and Ann Guthreau, Husband and Wife, to Harrison P. Haight and Mary Haight, husband and wife as Joint Tenants, and recorded as Instrument No. 89318 on April 2, 1976, in Book 476, Page 105 of Official Records in Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

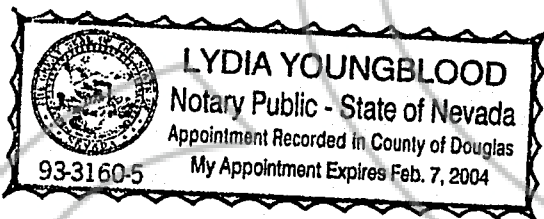
Lot 18, in Block H, as said lot and block are shown on the map of Gardnerville Ranchos Unit No. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, Page 055, Filing No. 35914.
Assessor's Parcel No. 1220-16-810-086

Mary Haight

MARY HAIGHT

Subscribed and sworn to before me this 6th day of November, 2001.

[Seal]



Lydia Youngblood

NOTARY PUBLIC

After Recording, Mail to:

Mary Haight
P.O. Box 622
Gardnerville, NV 89423

✓ KAREN L. WINTERS, ESQ.
P.O. Box 1987
MINDEN, NV 89423

0527105
BK 110 | PG 1647

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

| | | | | | | | | |
|---|--|---|--|---|--|-------------------------------|----------------------------------|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | LOCAL FILE NUMBER | DECEASED—NAME First Middle Last | | | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER | COUNTY OF DEATH | |
| | 1. Harrison Pierre HAIGHT | 2. October 14, 2001 | | | 3a. Carson City | | | |
| DECEDENT | 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) | SEX | | |
| | 3b. Carson City | 3c. Carson Tahoe Hospital | | | 3e. Inpatient | 4. Male | | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 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) | UNDER 1 YEAR MOS : DAYS | UNDER 1 DAY HOURS : MINS | DATE OF BIRTH (Mo., Day, Yr.) | | |
| | 5. White | 6. | 7a. 69 | 7b. : | 7c. : | 8. March 5, 1932 | | |
| PARENTS | STATE OF BIRTH (If not U.S.A., name country) | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | SURVIVING SPOUSE (If wife, give maiden name) | | | |
| | 9a. California | 9b. U.S.A. | 10. 12 Years | 11. Married | 12. Mary Trublood | | | |
| DISPOSITION | SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY | | | | | |
| | 1. 8611 | 14a. Concrete Contractor | 14b. Construction | | | | | |
| CERTIFIER | RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER | INSIDE CITY LIMITS (Specify Yes or No) | | | |
| | 15a. Nevada | 15b. Douglas | 15c. Gardnerville | 15d. 819 Galena Ct. | 15e. Yes | | | |
| PARENTS | FATHER—NAME First Middle Last | MOTHER—MAIDEN NAME First Middle Last | | | | | | |
| | 16. Albert Cyril Haight | 17. Eveline Adele Spotorno | | | | | | |
| DISPOSITION | INFORMANT—NAME (Type or Print) | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | | | |
| | 18a. Mary Haight - Wife | 18b. P.O. Box 622 Gardnerville, Nevada 89410 | | | | | | |
| DISPOSITION | BURIAL, CREMATION, REMOVAL, OTHER (Specify) | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State | | | | | |
| | 19a. Cremation | 19b. FitzHenry's Crematory | 19c. Carson City, Nevada | | | | | |
| CERTIFIER | FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | FUNERAL DIRECTOR—LICENSE NUMBER | NAME AND ADDRESS OF FACILITY | | | | | |
| | 20a. <i>[Signature]</i> | 20b. 217 | 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 | | | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | 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>Ali Bawamia MD</i> | (Signature and Title) <i>[Signature]</i> | | | | | | |
| CERTIFIER | DATE SIGNED (Mo., Day, Yr.) | HOUR OF DEATH | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | | |
| | 21b. 10/22/01 | 21c. 1015 | 22b. : | | 22c. : | | | |
| CERTIFIER | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) | | | | |
| | 21d. : | 22d. ON | | 22e. AT | | | | |
| CERTIFIER | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | | | | LICENSE NUMBER | | |
| | 23a. Ali Bawamia, 775 Fleischmann Way, Carson City, NV | | | | | 23b. 9431 | | |
| CAUSE OF DEATH | REGISTRAR | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE | | | | | |
| | 24a. (Signature) <i>Christine Kaye</i> | 24b. 10-22-2001 | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| CAUSE OF DEATH | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | |
| | PART I | (a) Right temporal infarct with possible brain stem extension, possible Herpes encephalitis cannot be ruled out | | | | | Interval between onset and death | |
| CAUSE OF DEATH | DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| | PART II | OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | | AUTOPSY (Specify Yes or No) | WAS CASE REFERRED TO CORONER (Specify Yes or No) |
| 26. Yes | | | | | | | 27. Yes | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | DATE OF INJURY (Mo., Day, Yr.) | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED | | | | | |
| 28a. : | 28b. : | 28c. M | 28d. : | | | | | |
| INJURY AT WORK (Specify Yes or No) | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | LOCATION. | STREET OR R.F.D. No. | CITY OR TOWN | STATE | | | |
| 28e. : | 28f. : | 28g. : | | | | | | |

STATE REGISTRAR

No. 206725

Gyonne Sylva

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

OCT 22 2001

Date Issued:

0527105

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1101 PG 1648

COPY

0527105
BK1101PG1649

REQUESTED BY
Karen Winters
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 NOV -6 PM 3: 12

LINDA SLATER
RECORDER

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