

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, JAMES DiMARTINO being first duly sworn, deposes and says:

That Affiant is the surviving spouse of Ann DiMartino
and that the Affiant and the said Ann DiMartino, deceased,
are the Beneficiaries in JOINT TENANCY under that certain Deed of Trust
dated the 12th day of January, 1996, under the terms of which

JERRY CROUCH and SHARI CROUCH, husband and wife
was Trustor

to: JAMES DiMARTINO and ANN DiMARTINO as husband and wife as Joint Tenants with right of
survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded February 8,
1996, in Book 296 at Page 1267 as Document No:380798, and re-recorded in Book 296, Page 4676, as
Document No. 382226 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 69, as set forth on the official plat of HIGHLAND ESTATES UNIT NO. 2, filed for record in the Office of
the Douglas County Recorder on July 27, 1978, as Document No. 17090, Official Records.

That the said ANN DiMARTINO, one of the Beneficiaries in said Deed of Trust, died on
the 5th day of February, 1997, and is the identical person named in that certain certified copy of Certificate of Death
attached hereto as Exhibit A

that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this
paragraph as though herein fully set forth. That all interest in and to said beneficial interest hereinabove
described, vested absolutely in Affiant namely, JAMES DiMARTINO, as of the date of decedent's death.

Dated: December 3, 2001

STATE OF NEVADA
COUNTY OF DOUGLAS

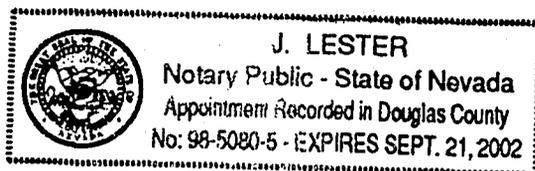
James DiMartino by Frank DiMartino
JAMES DiMARTINO, by Frank DiMartino, his
attorney-in-fact.
his attorney-in-fact

On 12-6-01, before me, the undersigned, a Notary Public in and for said
County, personally appeared FRANK DiMARTINO
personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are
sub-scribed to the within instrument and acknowledged to me that they executed the same in their authorized
capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person
acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature *J. Lester*
NOTARY PUBLIC



0529766

BK 1201 PG 3221

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			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
DECEDENT	1. Ann DI MARTINO			2. February 5, 1997		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, OPI/Emer. Rm. Inpatient (Specify)	SEX
	3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient	4. Female
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)	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		7a. 75	8 May 14, 1921
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
	9a. Connecticut		9b. U.S.A.		10. 12	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. [REDACTED] 3192		14a. Office Manager		14b. Supermarket	
PARENTS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a. Nevada		15b. Carson City		15c. Carson City	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
	16. Pasquale De Blasio		17. Angeline Corlina		15d. 1111 Cordero Dr.	
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. James DiMartino		18b. 1111 Cordero Dr., Carson City, Nevada 89701			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Entombment		19b. Walton's Carson Gardens		19c. Carson City, Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20a. [Signature]		20b. 94		20c. 1281 N. Roop St., 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)			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)		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21b. 2-5-97			21c. 08:12		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
	21d.			22d. ON		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22e. AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. John Bower, M.D., 1200 Mountain St., Carson City, Nevada 89703			LICENSE NUMBER		
	23b. 6493					
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. [Signature]		24b. February 6, 1997		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I (a) Cerebral hemorrhage					
	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.				AUTOPSY (Specify Yes or No)	
	26. No				27. No	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	28a.		28b.		28c. M	
	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. 109254

Gyonne Sylva

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

Date Issued: FEB 06 1997

0529766

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1201 PG 3222

227047

COPY

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 11 AM 9:49

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KD* DEPUTY

0529766
BK 1201 PG 3223