

AFFIDAVIT - DEATH OF JOINT TENANT

RAY A. SCHNEEBERGER JR _____, of legal age, being first duly sworn, deposes and says:

That _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAY SCHNEEBERGER, SR.

named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated 9/30/2000

executed by RAY SCHNEEBERGER, SR.

to RAY SCHNEEBERGER, SR, A WIDOWER AND RAY A. SCHNEEBERGER, JR. AN UNMARRIED MAN AND TERRI L. SCHNEEBERGER, A SINGLE WOMAN ALL

as joint tenants, recorded as Instrument No. 0500731, on OCTOBER 3, 2000, in Book 1000, Page 0446, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the UNINCORPORATED

_____, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 3, in Block 5, as set forth on the map of MOUNTAIN VIEW ESTATES NO. 2, filed for record on October 24, 1979, in Book 1079, Page 1962, as Document No. 38123, Official Records of Douglas County, State of Nevada.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____.

Dated NOVEMBER 27, 2001

STATE OF NEVADA

COUNTY OF DOUGLAS

} s.s. Ray Schneeberger, Jr. Surviving Joint Tenant

This instrument was acknowledged before me on

December 11, 2001

by RAY SCHNEEBERGER, JR.

Charlene L. Hanover
Notary Public



(This area for official notarial seal)

Title Order No.00085618

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name **RAY A. SCHNEEBERGER JR**
Street Address **1357 SANDEN LANE**
City, State Zip **MINDEN, NV 89423**

0530178

RK 1201 PG 5023

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	
1. DECEASED—NAME First Middle Last Ray Martin SCHNEEBERGER		2. DATE OF DEATH (Month, Day, Year) November 8, 2000	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Sierra Convalescent Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		4. SEX	
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) 82		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) September 23, 1918	
9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER 1222	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired Yard Foreman		14b. KIND OF BUSINESS OR INDUSTRY Lumber Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1357 Sanden Lane	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Frank Schneeberger	
17. MOTHER—MAIDEN NAME First Middle Last Dorothy Kriederman		18a. INFORMANT—NAME (Type or Print) Ray Schneeberger - Son	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 5432 Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME Walton's Carson 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 Capitol City Cremation & Burial Society, 1614 N. Curry St. Carson City, NV. 89703		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>	
21b. DATE SIGNED (Mo., Day, Yr.) 11/8/00		21c. HOUR OF DEATH 0827	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. D. Hoskins, 1664 Hwy 395 #201, Minden, Nevada 89423		23b. LICENSE NUMBER 4628	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Nov 9, 2000	
24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Metastatic Bladder Cancer 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 1. Recurrent Pneumonia CHF, COPD Renal Insuff.		AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	

No. 173271

STATE REGISTRAR

[Signature]

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

Date Issued: **NOV 09 2000**

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 14 PM 3:50

LINDA SLATER
RECORDER

\$15.00 PAID *[Signature]* DEPUTY

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