

A.P.N. # 1022-18-001-008
ESCROW NO. ACCOM1593

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

WILDAREANE R. HOPE
P. O. Box 575
Groveland, CA 95321

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

WILDAREANE R. HOPE, of legal age, being first duly sworn, deposes and says:
That **MARVIN C. HOPE**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **MARVIN C. HOPE**
named as one of the parties in that certain **DEED** dated **May 28, 1999**
executed by **WILDAREANE R. HOPE, a married woman as her separate property**
to **MARVIN C. HOPE and WILDAREANE R. HOPE, husband and wife**
as joint tenants, recorded as Instrument No. **0470761**, on **June 22, 1999**
in Book **699**, Page **4425**, of Official Records of **DOUGLAS**
County, Nevada, covering the following described property situated in the **DOUGLAS**
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

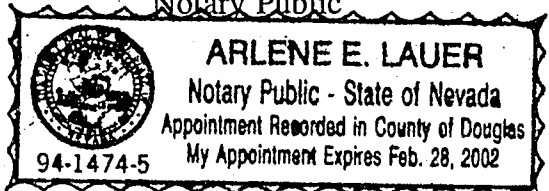
DATE: **September 05, 2001**

Wildareane R. Hope
WILDAREANE R. HOPE

STATE OF Nevada }
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on Sept 21, 2001,
by, **WILDAREANE R. HOPE**

Signature *Arlene E. Lauer*
Notary Public



0531287
BK 1201 PG10365

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: ACCOM1593

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, and being a portion of the North 1/2 of Section 18, Township 10 North, Range 22 East, M.D.B.&M., and more particularly described as follows:

COMMENCING at the North 1/4 corner of Section 18, said Township and Range; thence North 89 31' East, a distance of 157.31 feet; thence South 03 17' East, a distance of 652.32 feet to the True Point of Beginning; said point also being the Southeast corner of Parcel 4, as shown on that certain Record of Survey, recorded October 10, 1969, as Document No. 45990; thence South 86 43' West, a distance of 330 feet; thence North 03 17' West, a distance of 330 feet; thence North 86 43' East, a distance of 330 feet; thence South 03 17' East, a distance of 330 feet, to the POINT OF BEGINNING.

Said land being a portion of Parcel No. 4, as shown on the Records of Survey recorded on October 10, 1969, as Document No. 45990.

TOGETHER WITH a non-exclusive right-of-way and easements for road and utility purposes over the rights of way and easements shown on the Record of Survey, recorded October 10, 1969, as Document No. 45990.

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BK 1201 PG 10366

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER
COUNTY OF TUOLUMNE
 SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3 2001 55 000209

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES WHITEOUTS OR ALTERATIONS VA 11 (REV. 100)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST GIVEN Marvin		2. MIDDLE Cook		3. LAST (FAMILY) Hope	
4. DATE OF BIRTH M/M/DD/CCYY 02/21/1915		5. AGE YRS 86		7. DATE OF DEATH M/M/DD/CCYY 05/21/2001	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO 3879		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Pacific Bell	
17. OCCUPATION Line Foreman		18. KIND OF BUSINESS Communications		19. YEARS IN OCCUPATION 45	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 19375 Beck Rd.					
21. CITY Groveland		22. COUNTY Tuolumne		23. ZIP CODE 95321	
24. YRS IN COUNTY 86		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Wildareane Hope - Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 649, Groveland, CA 95321		
28. NAME OF SURVIVING SPOUSE—FIRST Wildareane		29. MIDDLE Rae		30. LAST (MAIDEN NAME) Culver	
31. NAME OF FATHER—FIRST Thomas		32. MIDDLE Hope		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Mattie		36. MIDDLE Marie		37. LAST (MAIDEN) Cook	
38. BIRTH STATE CA		39. DATE M/M/DD/CCYY 05/29/2001			
40. PLACE OF FINAL DISPOSITION Mt. Shadow Cemetery, Sonora, CA		41. TYPE OF DISPOSITION Burial			
42. SIGNATURE OF EMBALMER <i>[Signature]</i>		43. LICENSE NO. 6430			
44. NAME OF FUNERAL DIRECTOR Terzich & Wilson Funeral Home		45. LICENSE NO. FD764		46. SIGNATURE OF LOCAL REGISTRAR <i>David W. Wynne</i>	
47. DATE M/M/DD/CCYY 05/24/2001					
101. PLACE OF DEATH Sonora Community Hospital		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV <input type="checkbox"/> RES CARE <input type="checkbox"/> OTHER	
104. COUNTY Tuolumne		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1 S. Forest Rd.			
106. CITY Sonora		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Cardiorespiratory Arrest		108. TIME INTERVAL BETWEEN ONSET AND DEATH 10 MIN	
109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED DECEDENT ATTENDED SINCE M/M/DD/CCYY 05/21/1986		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. OG18102	
117. DATE M/M/DD/CCYY 05/21/2001		118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP Russell Hoenes M.D., 4 S. Forest Rd., Sonora, CA 95370			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED, EVENTS WHICH RESULTED IN INJURY.					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY ZIP)			126. SIGNATURE OF CORONER OR DEPUTY CORONER		
127. DATE M/M/DD/CCYY			128. TYPED NAME TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR		A B C D E F G H		FAX AUTH # CENSUS TRACT	

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BK 1201 PG 0367

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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF TUOLUMNE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

DATE ISSUED **10/09/2001**

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

David W. Wynne
 DAVID W. WYNNE
 TUOLUMNE COUNTY ASSESSOR-RECORDER



COPY

REQUESTED BY
STEWART TITLE & DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 31 AM 10: 34

LINDA SLATER
RECORDER

\$ 17.00 PAID K2 DEPUTY

0581287

BK 1201 PG 0368