

A.P. No. 1022-16-001-102  
Escrow No. 2001-58121-KM

**WHEN RECORDED MAIL TO:**

Nicole Bowers  
P.O. Box 49  
Paradise Valley, NV 89426

**MAIL TAX STATEMENT TO:**

See above

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That Jeanette Mae Bass, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jeanette M. Bass named as one of the parties in that certain Deed dated June 23, 1981, executed by Topaz Development Corp. to Don R. Bass and Jeanette M. Bass husband and wife and Nicole H. Bowers as joint tenants, recorded as Instrument No. 57587 on June 23, 1981 in book 681, page 1944, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

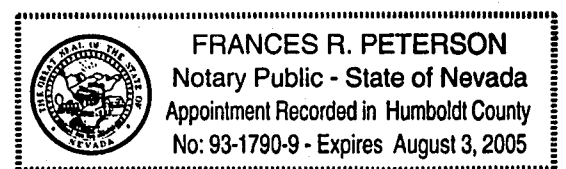
Lot 8, in Block J, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO.. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada as Document No. 50212.

Dated 1-29-2002

X Nicole H. Bowers  
Nicole H. Bowers

Subscribed and sworn to before me this 29<sup>th</sup> day of January, 2002  
By: Nicole H. Bowers

Frances R. Peterson  
Notarial Officer



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# 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

97 011593

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

KO102PG9302  
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LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Jeanette Mae BASS		2. November 2, 1997	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Carson Tahoe Hospital		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		SEX	
5. White		4. Female	
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)	
6.		7a. 74	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Iowa		8. October 27, 1923	
CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. 7201		11. Married	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Bookkeeper		14b. 810 Gaming	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Wellington	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 3771 Granite Way	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16.		17.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Don Bass - Husband		18b. 3771 Granite Way, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
LOCATION		City or Town State	
19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 94	
NAME AND ADDRESS OF FACILITY		20c. 1281 N. Roop St., Carson City, Nevada 89706	
20a. [Signature]		20c. 1281 N. Roop St., Carson City, Nevada 89706	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office	
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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11/04/97		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2355		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
21e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Dr. E. Easley, 1107 Hwy 395, Gardnerville, Nevada 89410		23b. 7446	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. Nov-5-1997	
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))		Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) CHF + COPD		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
PART II		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.			
CITY OR TOWN		STATE	

SEAL

STATE REGISTRAR

No. 118271

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

Date Issued: JAN 16 2002

State Registrar

[Signature]

COPY

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 JAN 30 PM 4: 07

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID Be DEPUTY

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