

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 Don R. Bass, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Don R. Bass named as one of the parties in that certain Deed dated Jun 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:

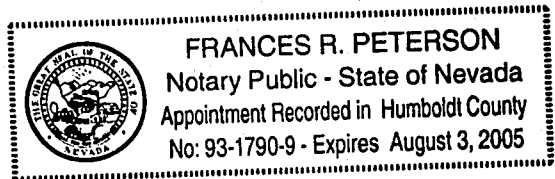
Lot 8, in Block J, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO.. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada as Document No. 50212.

Dated 1-29-2002

X Nicole H. Bowers
Nicole H. Bowers

Subscribed and sworn to before me this 29th day of January, ²⁰⁰² 2001 RP
By: Nicole H. Bowers

Frances R. Peterson
Notarial Officer



0533587

BK0102PG9304

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

20000010958

LOCAL FILE NUMBER

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Don R. BASS			2. DATE OF DEATH (Month, Day, Year) September 24, 2000		3. COUNTY OF DEATH Carson City		
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient /		4. SEX Male	
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) 88	7b. UNDER 1 YEAR MOS : DAYS :	7c. UNDER 1 DAY HOURS : MINS :	8. DATE OF BIRTH (Mo., Day, Yr.) Feb. 21, 1912
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 4547		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Driller		616	14b. KIND OF BUSINESS OR INDUSTRY Mining Exploration		
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Wellington		15d. STREET AND NUMBER 3771 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Clyde Bass			17. MOTHER—MAIDEN NAME First Middle Last Elain Spear				
18a. INFORMANT—NAME (Type or Print) Harry W. Hampton - Friend			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3921 Topaz Ranch Dr., Wellington, Nevada 89444				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's 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 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 01 833 N. Edmonds Dr., Carson City, Nevada 89701				
21. 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.) 9/26/00	21c. HOUR OF DEATH 0408	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		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21e. PRONOUNCED DEAD (Mo., Day, Yr.)	21f. PRONOUNCED DEAD (Hour)	22d. ON	22e. AT			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Evan Easley, M.D., 1107 Hwy 395, Gardnerville, Nevada					23b. LICENSE NUMBER 7446		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept. 25, 2000		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) DUE TO, OR AS A CONSEQUENCE OF: Cardiorespiratory Arrest	Interval between onset and death						
(b) DUE TO, OR AS A CONSEQUENCE OF: Ruptured AAA	Interval between onset and death						
(c) DUE TO, OR AS A CONSEQUENCE OF: HTN	Interval between onset and death						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. 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)	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		

SEAL

STATE REGISTRAR

[Signature]
No.169148

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

BK 01533587
01502769305

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN 30 PM 4: 08

LINDA SLATER
RECORDER

\$ 16.00 PAID Bl DEPUTY

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BK 0102PG9306