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 1	R. Bass,	dece	edent mentic	oned in the attac	hed certified	d copy of Cert	ificate of	Death, is the	e same
perso	n as	Don R.	Ba	ss named a	s one of the p	arties in th	at certain De	ed dated	Jun 23,	1981,
execu	nted b	y Topaz	z De	velopment	Corp,	to Don I	R. Bass and Je	anette M	. Bass husba	nd and
wife	and	Nicole	H.		joint tenants,	76.				on_
June	23,	1981		in book	681 page	1944	, of Official R	tecords o	of Douglas C	ounty,
Neva	da, co	overing t	he f	ollowing des	scribed property	situated in	the County of	Douglas	, State of Ne	vada:

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

Nicole H. Bowers

Subscribed and sworn to before me this 39 day of

By: Nicole H. Bowers

day of January

Notarial Officer



FRANCES R. PETERSON
Notary Public - State of Nevada
Appointment Recorded in Humboldt County
No: 93-1790-9 - Expires August 3, 2005

1

0533587

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## **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

2000 O O I O O E O

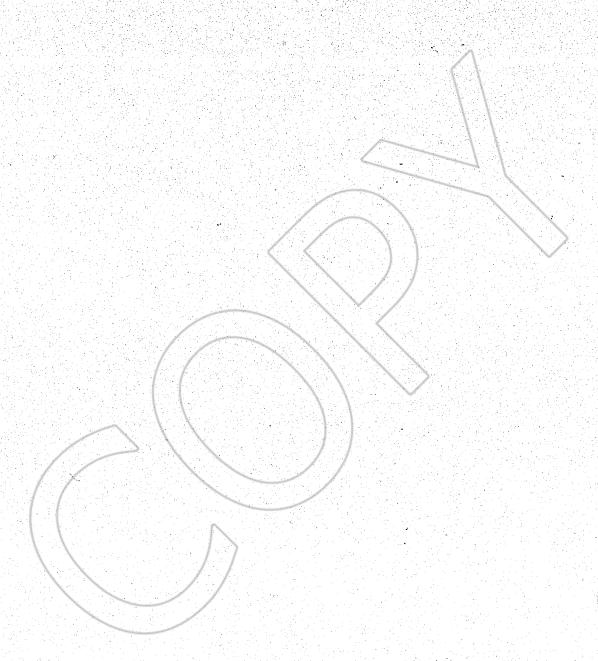
CITY, TOWN OR LOCATION OF DEATH 36. CATSON CITY 36. CATSON CIT											
So. Carson City  3c. Carson—Tahoe Hospital  3c. White  3c. Whit	4. Ma1.eRTH (Mo., Day, Yr. 21, 191)										
BACE - g., White, Sizec, Annotes   Support	RTH (Mo., Day, Yr. 21, 1915 E (If wife, give maids										
5. White  6. Trace of Birth (If not U.S.A. name country) 5. WI CITIZEN OF WHAT COUN- 10 M MISSOUT 1 So. W. S.A. 10 12  SOCIAL SECURITY NUMBER 10 DU S.A. 10 12  STREET AND NUMBER 10 DU SENSES OR NOUSTRY 10 MODIFICATION (New Horier of Work Down During Most of 16/6) 10 STREET AND NUMBER 10 DU SECURITY NUMB	21 <b>,</b> 1913										
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RESIDENCE—STATE  COUNTY  ISB. Nevada  15b. Douglas  15c. Wellington  FATHER—MANUE  REAL  RESIDENT  RESIDENT  REAL  RESIDENT  RESIDEN	E CITY I IMITS										
15a. Nevada  15b. Douglas  15c. Wellington  15d. 3771 Granite Way  15c. Carson City,											
IS. Clyde  Bass 17. Elain  Sp. INFORMANT—NAME (Type or Print)  MAILING ADDRESS  (Street or R.F.D. No., City or Town, State, Zip)  18a. Harry W. Hampton - Friend  (18b.) 3921 Topaz Ranch Dr., Wellington, Nevada  BURIAL, CREMATION, REMOVAL, OTHER (Specify)  19b. FitzHenry's Crematory  19b. FitzHenry's Crematory  19b. FitzHenry's Crematory  19b. FitzHenry's Funeral Home  19b. FitzHenry's Funeral Home  19b. 2117  19b. 2118  20c. 833 N. Edmonds Dr., Carson City, Nevada  21c. 0408  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  22c. DATE SIGNED (Mo., Day, Yr.)  PRONOUNCED DEAD (Mo., Day, Yr.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22c. AT  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR	city Yes or No) Yes										
MAILING ADDRESS   (Street or R.F.D. No., City or Town, State, Zip)   18a. Harry W. Hampton - Friend   18b. 3921 Topaz Ranch Dr., Wellington, Nevada Burilat, CREMATION, REMOVAL, OTHER (Specify)   CEMETERY OR CREMATORY—NAME   LOCATION   City or Town   19b. FitzHenry's Crematory   19c. Carson City, Town   19b. FitzHenry's Crematory   19c. Carson City, The Company of the Company of the Death of the Deat of my knowledge, deathylocurred at the time, self-shared place and due to the Cause(s) state and due to the Cau	Last										
Harry W. Hampton - Friend  186. 3921 Topaz Ranch Dr., Wellington, Nevada  BURIAL CREMATION, REMOVAL, OTHER (Specify)  19a. Cremation  19b. FitzHenry's Crematory  19a. FitzHenry's Crematory  19b. FitzHenry's Crematory  19c. Carson City,  FUNERAL DIRECTOR—SIGNATURE  19b. FitzHenry's Crematory  19c. Carson City,  FUNERAL DIRECTOR  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 217  20c. 833 N. Edmonds Dr., Carson City, Nevada  20c. 22c. On the basis of examination and/or investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in my opinion at the time, determined and time investigation, in	Spear										
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Temestion  199. FitzHenry's Crematory  190. Carson City,  FUNERAL DIBECTOR.—SIGNATURE  COPPORT AND as Such)  200. 217  200. 217  200. 217  200. 217  200. 217  200. 217  200. 217  200. 217  200. 218  210 To the best of my knowledge, destricted at the time, sed and place and of the to the cause(s) stated.  (Signature and Title)  210. 210 To the best of my knowledge, destricted at the time, sed and place and of the to the cause(s) stated.  (Signature and Title)  210. 210 To the best of my knowledge, destricted at the time, sed and place and of the to the cause(s) stated.  (Signature and Title)  210. 210 To the best of my knowledge, destricted at the time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the time time, sed and place and of use to the cause(s) and manner of the cause (s) and manner of	State										
FUNERAL DIRECTOR—SIGNATURE (OF Report Addys as Such)  206  207  To the bast of my knowledge, darffocurred at the time, and and place and control to the cause(s) stated.  208  208  To the bast of my knowledge, darffocurred at the time, and and place and control to the cause(s) stated.  (Signature and Title)  DATE SIGNIBID (Mo., Day, Yr)  HOUR OF DEATH  210.  121.  DATE SIGNIBID (Mo., Day, Yr)  HOUR OF DEATH  212.  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  224.  NAME OF ATTENDING PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.)  226. AT  227.  PRONOUNCED DEAD (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DUE TO, OR AS A CONSEQUENCE OF:											
206. 217 206. 833 N. Edmonds Dr., Carson City, Nevada  27 To the best of my knowledge, dearly occurred at the time, percand place and  28 To the best of my knowledge, dearly occurred at the time, percand place and  29 To the best of my knowledge, dearly occurred at the time, percand place and  20 To the best of my knowledge, dearly occurred at the time, percand place and  22 To to the best of my knowledge, dearly occurred at the time, percand the time, percand place and  22 To to the best of my knowledge, dearly occurred at the time, dearly occurred at the time, date and place and due to the cause(s) and manner  22 To the best of my knowledge, dearly occurred at the time, dearly occurred at the time, date and place and due to the cause(s) and manner  22 To the best of my knowledge, dearly occurred at the time, dearly occurred at the time, dearly occurred at the time, date and place and due to the cause(s) and manner  22 To the bests of examination ander investigation, in my opinion at the time, date and place and due to the cause(s) and manner  22 To the bests of examination ander investigation, in my opinion at the time, date and the time, dearly occurred at the time, date and due to the cause(s) and manner  22 To the bests of the time, date and due to the cause(s) and manner  22 To the bests of the time, date and due to the cause(s) and manner  22 To the bests of the time, date and the time, dearly occurred at the time, date and due to the cause(s) and manner  22 To the bests of the time, date and the time, date and the time, date and due to the cause(s) and manner  22 To the bests of the time, date and											
due to the cause(s) stated.  (Signature and Title)  DATE SIGNED (Mo. Day, Yr)  HOUR OF DEATH  21c. 0408  21b. 21b. 21c. 0408  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  22a. EVAN Easley, M.D., 1107 Hwy 395, Gardnerv111e, Nevada  REGISTRAR  24a. (Signature)  DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)  DEATH DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART  (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  Interval between  Interval between  Interval between  Interval between  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART  (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Evan Easley, M.D., 1107 Hwy 395, Gardnerville, Nevada  REGISTRAR  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE OR PERLINE FOR (a), (b), AND (c).)  Interval between  Interval between  Interval between  Interval between  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  ACC., SUICIDE, HOM., UNDET., OR AS A CONSEQUENCE OF:  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)  28b. M 28d.  INJURY AT WORK (Specify)  PLACE OF INJURY—At home, tarm, street, factory, office building, etc. (Specify)  DUE TO, OR AFFECT OR R.F.D. No. CITY OR TOWN ST	ion death occurred										
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Evan Easley, M.D., 1107 Hwy 395, Gardnerville, Nevada  REGISTRAR  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE OR PERLINE FOR (a), (b), AND (c).)  Interval between  Interval between  Interval between  Interval between  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  ACC., SUICIDE, HOM., UNDET., OR AS A CONSEQUENCE OF:  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)  28b. M 28d.  INJURY AT WORK (Specify)  PLACE OF INJURY—At home, tarm, street, factory, office building, etc. (Specify)  DUE TO, OR AFFECT OR R.F.D. No. CITY OR TOWN ST											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. EVAN Easley, M.D., 1107 Hwy 395, Gardnerv111e, Nevada  23b. 7446  23a. (Signature)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO COMMUNICABLE DISEAS  24c. YES NO  ACC., SIMMEDIATE CAOSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.  (Specify 28a.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23b. 7446  23b. 7446  24c. YES NO  Interval between  Interval between  Interval between  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  26. NO  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.  (Specify)  28b.  PLACE OF INJURY—At home, farm, street, factory, office  DUE TO, OR AS A CONSEQUENCE OF:  Interval between  Interval between  Interval between  DESCRIBE HOW INJURY OCCURRED  28c.  M 28d.  NO  STREET OR R.F.D. No.  CITY OR TOWN  STREET OR R.F.D. No.  CITY OR TOWN											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Evan Easley, M.D., 1107 Hwy 395, Gardnerville, Nevada  23b. 7446  REGISTRAR  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO COMMUNICABLE DISEAS  24c. YES NO  Interval between  Interval between  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  ACC., SUICIDE, HOM., UNDET., OR ATE OF INJURY (Mo., Day, Yr.)  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.  (Specify 28b.  DATE OF INJURY At WORK DIAGRACH CONDITIONS—At home, larm, street, factory, office building, etc. (Specify)  DUE TO, OR REPORT (Specify)  DESCRIBE HOW INJURY OCCURRED  STREET OR R.F.D. No.  CITY OR TOWN  STREET OR R.F.D. No.  CITY OR TOWN											
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REGISTRAR  24a. (Signature)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO COMMUNICABLE DISEAS  24a. (Signature)  DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  DATE DATE DUE TO COMMUNICABLE DISEAS  ACC., SIMMEDIATE CAOSE  (ENTER ONLY ONE CAUSE PERFLINE FOR (a), (b), AND (c).)  Interval between  Interval between  DATE OF INJURY (Mo., Day, Yr.)  PLACE OF INJURY—At home, farm, street, factory, office  DUCATION.  STREET OR R.F.D. No.  CITY OR TOWN  STREET OR R.F.D. No.											
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No)  ACC., SUICIDE, HOM., UNDET., OR PART OR FINJURY (Mo., Day, Yr.) HOUR OF INJURY OR PROINING INVEST.  (Specify)  ACC. SUICIDE, HOM., UNDET., OR AS A CONSEQUENCE OF INJURY AT WORK (Specify)  PART OTHER SIGNIFICANT CONDITIONS—Conditions, street, factory, office below in Part 1. AUTOPSY Yes or No)  DEATH OF THE PROINING INVEST.  (Specify)  DEATH DUE TO COMMUNICABLE DISEAS  24b.											
24a. (Signature)  24b. Sept. 25, 2000  24c. YES NO  25. IMMEDIATE CAOSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART (c)  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No)  26. NO  ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify Pes Or No)  28b.  28c.  M 28d.  Interval between  Interval between  DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  28b.  28c.  M 28d.  Interval between  Interval between  DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  STREET OR R.F.D. No.  CITY OR TOWN ST											
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STATE REGISTRAR

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

Date Issued: JAN 1 6 2002

**State Registrar** 



REQUESTED BY
FIRST AMERICAN TITLE CO

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2002 JAN 30 PM 4: 08

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