A.P. No. 1320-32-210-016 Escrow No. 2002-59498-KM

WHEN RECORDED MAIL TO: Nash, C/O P.O. Box 2080, Minden, NV MAIL TAX STATEMENT TO: 89423

See above address

## AFFIDAVIT - DEATH OF JOINT TENANT

Appointment Recorded in County of Douglas

|   | The under         | signed being first du   | ly sworn, depos | ses and says:   |                  |                 |                |
|---|-------------------|---|-----------------|---|------------------|-----------------|----------------|
|   | That              | Irving Nash   |                 | , decedent mention  | ned in the       | attached certif | ied copy of    |
|   | Certificate       | of Death, is the sar  | one of the      | parties in that   | certain Deed     |                 |                |
|   | dated             | J <u>une 15.</u>  | 1985            | ,   | /:/              | executed        | by             |
| Dale  | <u>Carlson</u>    | . Co-Executor   | to              | Irving Nash and E   | Emily Nash       | husband and v   | wife as joint  |
|   | tenants, re       | corded as Instrumer   | nt No. 119229 c | on Jun 26, 198  | <u>5</u> in book | 685, page 2238  | 3, of Official |
| Records of Douglas County, Nevada, covering the following described property situated |                   |   |                 |   |                  |                 | the County     |
| •   | of Dougla         | s, State of Nevada:   |                 |   |                  |                 |                |
| (   | Recorder of Dated | hown on the Map of of Douglas County, No. 1-3-100 Carl, Douglas County for Emily Nash, an a | Nevada, on Dece | mber 5, 1966, as Do<br>—<br>—<br>———————————————————————————————— |                  |                 | ounty          |
|   | / /               | d and sworn to before EnEarl, Douglas Con   | / /             | $\iota$   |                  | KATHY MERRI     |                |

0533714 BK0102PG9914

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

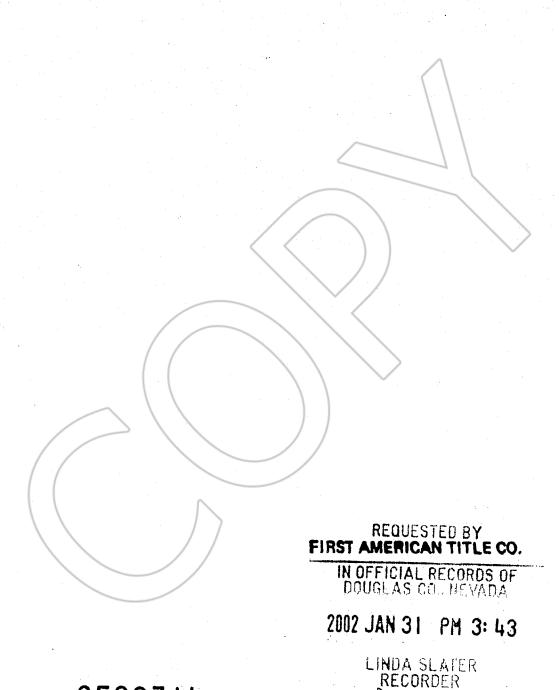
| R  | OLL 74 IMAGE 4   | 23  | CERTIFICATE  | OF DEAT  |  | 91 00/308  |
|--|--|---|--|--|--|--|
| TYPE   | LOCAL FILE NUMBER DECEASED—NAME First  | 1733<br>Middle  | Last   | DA   | TE OF DEATH (Month, Day, Year)   | STATE FILE NUMBER COUNTY OF DEATH  |
| OR PRINT IN PERMANENT BLACK INK                      | 1. Irvii   | 🛂   | NASH   | 2.   | September 8, 199   |  |
| DECEDENT   | 3b. Reno   | 3c. Washoe  | HER INSTITUTION—Name (If not either, give street a   |  | 3e. Inpati   | ent / ⁴ Male   |
| 0.000  | RACE—(e.g., White, Black, Americ<br>Indian, etc) (Specify) 5. White  | was Decedent of Hispanic O<br>specify Mexican, Cuban, Pue<br>6. | rigin? Specify □ yes █ no If yes,<br>rto Rican, etc. | <sup>7a.</sup> 76  | 7b. 7c.  | ® October 23,1914  |
| IF DEATH<br>OCCURRED IN<br>INSTITUTION               | STATE OF BIRTH (If not U.S.A., name country) 9a. Connecticut   | 9b. U.S.A.  | 10. 13   | - 14   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED  Specify Married  1.                   | SURVIVING SPOUSE (If wife, give maiden name)  12. Emily Kasin            |
| SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | SOCIAL SECURITY AND BER 13. 7622   | USUAL OCCUPATION (C<br>Working Life, Even if Ret<br>14a. Inspec |  | lost of  | KIND OF BUSINESS OF INDUSTRY   |  |
| <b>L</b>   | RESIDENCE—STATE  15a. Nevada   | COUNTY 15b. Douglas   | CITY, TOWN, OR LOCATIO                               | N  | STREET AND NUMBER 15d. 1518 Silve  | Birch (Specify Yes or No) 15e. Yes                                       |
| PARENTS  | FATHER—NAME First  16. Abrahar   | Middle  | Last MO  | THER—MAIDEN I  | NAME First Rose  | Middle Last<br>Berger  |
|  | INFORMANT—NAME (Type or Print<br>18a. Emily Nash   | 1 - 1 - 1 - 1 - 1 - 1 - 1                                       | MAILING ADDRESS                                      | ox 1567  | (Street or R.F.D. No., City or Town,   |  |
|  | BURIAL CREMATION, REMOVAL  19a. Burial   | 그는 그의 학교 학생이 없네 내려야 했   | ERY OR CREMATORY—NAME Genoa Cemetery                 |  | LOCATION   | Genoa, Nevada  |
| DISPOSITION  | FUNERAL PIRECTOR—SIGNATUR<br>(Or Person Acting as Such)  | FUNERALICENSI   | AL DIRECTOR NAME AND AD                              | DRESS OF FACIL   | "0'Brien-Rogers  | & Crosby 15  |
| ſ  | 20a. 2 21a. To the best of my know cue to the cause(s) sta   | eledge, death occurred at the time, deed.                       | date and place and                                   | , 22a.   | On the basis of examination and/or inv<br>at the time, date and place and due to | vestigation, in my opinion death occurred the cause(s) and manner stated |
|  | OSO (Signature and Title)  |   | DEATH  | Signal (Signal Signal S | nature and Title) <b>Ilennon</b> E SIGNED (Mo., Day, Yr.) Ptember 10,1991        | HOUR OF DEATH  |
| CERTIFIER  | 21a. Ip the best of my know one to the cause (state of the cause (state of the cause (state of the cause of the cause (state of the cause of the cau | 21c.<br>PHYSICIAN IF OTHER THAN CER                             | TIFIER (Type or Print)                               | 명 등 22b.   |  | 22c. 1545  PRONOUNCED DEAD (Hour)  1545                                  |
|  | 21u.   | OF CERTIFIER (PHYSICIAN, ATTE                                   | NDING PHYSICIAN, MEDICAL E                           | 22d  | ON   | 22e. AT LICENSE NUMBER   |
| CONDITIONS   | 23a Vernon O   | . McCarty, Coro   | ner. P.O. Box  | 11130,<br>VED BY REGISTR   | Reno, Nevada 8952<br>AR (Mo., Day, Yr.) DEATH DUE TO C                           | 20 23b. WCC S. 35  |
| IF ANY WHICH GAVE RISE TO IMMEDIATE                  | 24a. (Signature) 25. IMMEDIATE CAUSE (EN   | TER ONLY ONE CAUSE PER LINE                                     | Dep 246. Sep   | tember :   | 1, 1991 24c. YES   | NO 🛣   |
| CAUSE<br>STATING THE<br>UNDERLYING<br>CAUSE LAST     | PARI (a)   | yocardial infar   | ction  |  |  | Interval between onset and death   |
| 4  | <b>y</b> (0)   | clerotic cardio   | vascular disea                                       | se   | <u> </u>   | Interval between onset and death   |
| CAUSE OF   | (c)  |   |  |  | AUTORSV (C   |  |
| DEATH  | PARI<br>II   | CONDITIONS—Conditions contributing                              |  | ·  | 26. NO   | pecify WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes          |
| \  | ACC., SUICIDE, HOM., UNDET.,<br>OR PENDING INVEST.<br>(Specify)<br>28a.  |   | OUR OF INJURY DESCRIBE. M 28d.                       | AULNI WOH BBIF   | Y OCCURRED   |  |
| \  | INJURY AT WORK<br>(Specify Yes or No)  | PLACE OF INJURY—At home, farm<br>building, etc. (3<br>281.      |  | TION.  | STREET OR R.F.D. No. C   | CITY OR TOWN STATE   |
| She she  | A DR. W.A.   |   | STATE REGIS  | TRAR   | N  | <b>lo.</b> 032253  |



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

Date Issued: 053371143

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