

APN: 1220-15-110-009

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada,

ss.

County of Douglas

Judy Langtimm, of legal age, being first duly sworn, deposes and says: that Michael Langtimm, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Michael Langtimm named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED, dated December 21, 1994 executed by Michael Langtimm and Judy Langtimm, husband and wife, to Michael Langtimm and Judy Langtimm, husband and wife, and Lawrence Paul Langtimm and Marie Teresa Langtimm, husband and wife, all as joint tenants, recorded as Instrument No. 353448, on December 29, 1994, in Book 1294, Page 4372, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada

Lot 287, GARDNERVILLE RANCHOS UNIT NO 2, filed in the Office of the County Recorder of Douglas County, Nevada on June 1, 1965, as Document No. 28309 and on June 4, 1965, as Document No. 28377.

That all interest in and to said real property, hereinabove described, vested absolutely in as of decedent's death.

Dated: 2-1-2002

Judy Langtimm
Judy Langtimm

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State, by Judy Langtimm, this 1st day of February, 2002, WITNESS my hand and official seal.

Signature C. Nolan

C. Nolan

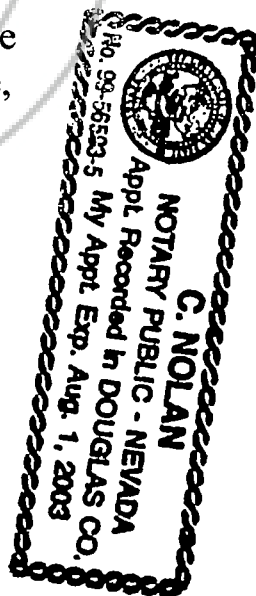
Name (Typed or Printed)

When Recorded Please Mail To:

Judy Langtimm

1410 Topaz Lane

Gardnerville, NV 89410



0533850

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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

LOCAL FILE NUMBER		STATE FILE NUMBER				
1. DECEASED—NAME First Middle Last Michael David LANGTIMM		2. DATE OF DEATH (Month, Day, Year) December 7, 1999	3a. COUNTY OF DEATH Douglas			
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1410 Topaz Lane	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 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) 63	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) December 28, 1935	
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 13	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Judy Lawrence		
13. SOCIAL SECURITY NUMBER 9978	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Poly Phaser		14b. KIND OF BUSINESS OR INDUSTRY Electronics			
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER 1410 Topaz Lane	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER—NAME First Middle Last Walter Langtimm		17. MOTHER—MAIDEN NAME First Middle Last Elsie Fern Simonds				
18a. INFORMANT—NAME (Type or Print) Judy Langtimm-Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1410 Topaz Lane Gardnerville, NV 89410				
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>James R. ...</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410			
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>Stephen Perry, M.D.</i>		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>Stephen Perry, M.D.</i>		22b. DATE SIGNED (Mo., Day, Yr.) 12/8/99		22c. HOUR OF DEATH 2145
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stephen Perry, M.D.		21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 9, 1999		21f. DEATH DUE TO COMMUNICABLE DISEASE NO		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Perry, M.D. 1107 Hwy 395, Gardnerville, NV 89410		23b. LICENSE NUMBER 6526				
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 9, 1999		24c. DEATH DUE TO COMMUNICABLE DISEASE NO		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
PART I (a) Respiratory failure		: Part 1				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b) Massive metastatic pleural effusion		: 11/11/99				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) metastatic Adenocarcinoma of Rectum		: 9/98				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. HTN, a nem. a.		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	28h. STREET OR R.F.D. No.	28i. CITY OR TOWN	28j. STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

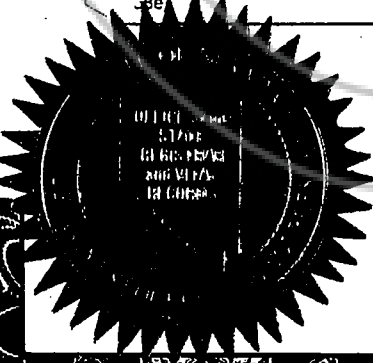
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



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: **DEC 09 1999**

0533850

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No.155596

COPY

REQUESTED BY
Judy Langtim
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 FEB -1 PM 12:06

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *K2* DEPUTY

0533850

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