

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

ALLEN L. WICKS hereby swears or affirms under penalty of perjury that the following assertions are true of his own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am **ALLEN L. WICKS**, the person named as one of the grantees in that certain INDIVIDUAL GRANT DEED recorded as Instrument No. 395563 in Book 0896, Page 5753 on August 30, 1996, of the Official Records in the Office of the County Recorder of Elko County, State of Nevada.
3. The property which is subject to the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 90 Block A, as shown on the Final Map of Pleasantview, Phase 5, Final Subdivision Map No. 1009-5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1995, in Book 1295, at Page 788, as Document No. 376390.

A.P.N. 27-791-02 NEW APN 1220-17-514-002

4. **SHIRLEY M. WICKS** was one of the grantees named in said deed and is the identical person named as **SHIRLEY M. WICKS**, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am husband of **SHIRLEY M. WICKS**.
5. As recited in the above-described Certificate of Death, **SHIRLEY M. WICKS** died on the 8th day of March, 2002, in the County of Mineral, State of Nevada.

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DATED this 8th day of April, 2002.

Allen L. Wicks
ALLEN L. WICKS

SUBSCRIBED and SWORN to before me
this 8th day of April, 2002.

Patricia E. Hicks
Notary Public



RECORDING REQUESTED BY:

AND AFTER RECORDATION RETURN BY MAIL THIS AFFIDAVIT TO:

A. Christopher Zimmermann, Esq,
Scarpello, Huss & Oshinski, Ltd.
600 East Williams Street, Suite 300
Carson City, NV 89701

MAIL TAX STATEMENTS TO:

✓ Mr. ALLEN L. WICKS
944 Springfield Drive
Gardnerville, Nevada 89410

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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

012

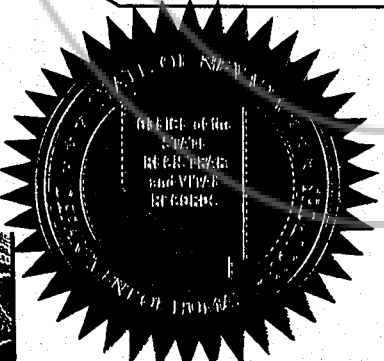
LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Shirley M. WICKS			DATE OF DEATH (Month, Day, Year) 2. March 8, 2002		COUNTY OF DEATH 3a. Mineral		
	CITY, TOWN OR LOCATION OF DEATH 3b. Rural			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. U.S. Hwy, 95, Mile Marker 60		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 7		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No		AGE—Last Birthday (Years) 7a. 79		DATE OF BIRTH (Mo., Day, Yr.) 8. June 19, 1922	
	STATE OF BIRTH (If not U.S.A., name country) 9a. New York		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 13		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. ████████-1179		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Office Manager		KIND OF BUSINESS OR INDUSTRY 14b. Manufacturing		SURVIVING SPOUSE (If wife, give maiden name) 12. Allen WICKS	
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 944 Springfield	
PARENTS	FATHER—NAME First Middle Last 16. Philip MULLER			MOTHER—MAIDEN NAME First Middle Last 17. Madelin ZIMMERMAN			INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
	INFORMANT—NAME (Type or Print) 18a. Allen WICKS (Husband)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 944 Springfield Dr. Gardnerville, NV 89410			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. No. Nev. Veterans Mem. Cem.		LOCATION City or Town State 19c. Fernley Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 18		NAME AND ADDRESS OF FACILITY 20c. Gunter's Funeral Home P.O. Box 1720 Hawthorne, NV 89415			
CERTIFIER	21a. 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>				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>			
	DATE SIGNED (Mo., Day, Yr.) 21b. March 14, 2002		HOUR OF DEATH 21c. 1024		DATE SIGNED (Mo., Day, Yr.) 22b. March 14, 2002		HOUR OF DEATH 22c. 1024	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON March 8, 2002		PRONOUNCED DEAD (Hour) 22e. AT 1024	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. Randall ADAMS, Dep. Cor. P.O. Box 2290 Hawthorne, NV 89415						LICENSE NUMBER 23b. MN 15	
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. MARCH 15, 2002		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).)							
	PART I (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF:							
	(b) Blunt Force Automobile Trauma DUE TO, OR AS A CONSEQUENCE OF:							
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28b. Mar. 8, 2002		HOUR OF INJURY 28c. 1010 M		DESCRIBE HOW INJURY OCCURRED 28d. Passenger in single vehicle rollover, ejected		
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Highway		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. U.S. Hwy 95 MM 60, Mineral Co., Nevada				

STATE REGISTRAR

No. 206587



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

Date Issued: **MAR 21 2002**

[Signature]
State Registrar

0539019

COPY

REQUESTED BY
Allen L. Wicks
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 APR -8 PM 3: 08

LINDA SLATER
RECORDER

\$ 17.00 PAID AS DEPUTY

0539019

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