AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

I, RICHARD J. WHEATON, do hereby swear or affirm under penalty of perjury that the following assertions are true:

- 1. I am the husband of Hazel Wheaton, deceased.
- 2. The community property (joint tenancy) with right of survivorship was created by the Grant, Bargain and Sale Deed recorded as Document No.286069, Book 892, Page 2433, in the Official Records of the Douglas County Recorder's Office, a copy of which is attached.
- 3. The description of the property, the subject of this tenancy is, the Southeast ¼ of the Southeast ¼ of the North ½ of Section 6, T14N, R20E, M.D.B. & M. and was recorded in the office of the County Recorder of Douglas County, State of Nevada, on August 14, 1992 in Book 892, Page 4233, as Document No. 286069.
- 4. On 2 February 2002, Hazel Wheaton died in Douglas County, State of Nevada. A certified copy of the Death Certificate is attached.
 - 5. I am the surviving joint tenant.
- 6. The foregoing is made and based upon my own personal knowledge except as to those matters which are based on information and belief, and as to such matters, I believe them to be true. In the event I were called upon to do so, I would and could competently testify as to

Page 1 of 2

DATED this 9th day of _______, 2002

RICHARD J. WHEATON

SUBSCRIBED and SWORN to before me this at day of april , 2002.

Ruth anderburg Notary Public



When Recorded Mail To:

T. Scott Brooke, Esq.

Brooke · Shaw · Plimpton · Zumpft

P.O. Box 2860

Minden, Nevada 89423

F:\util\PROB-EST\Wheaton Hazel\Hazel Wheaton\Affidavit of Death Joint Tenancy.doc

Page 2 of 2

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•	
Order No. 208707-TO	
Escrow No. <u>13273-GB</u>	
WHEN RECORDED, MAIL TO:	
Mr. & Mrs. Richard J. Wheaton	•
P. O. Box 2153 Gardnerville, Nv. 89410	
Gardnerville, Av. 09410	
R.P.T.T. \$ 84.50	Space above this line for recorder's use
Computed on full value	···
GRANT, BARG	AIN and SALE DEED
i.	
OTTO W.FRANCK and ANN C. FRANCK, an undivided 1/2 interest, and R	ceipt of which is hereby acknowledged, husband and wife as Joint Tenants, as to ODNEY F. SKINNER and JEAN C. SKINNER, s, as to an undivided 1/2 interest
do(es) hereby GRANT, BARGAIN and	SELL to
RICHARD J. WHEATON and HAZEL I.	WHEATON, husband and wife as
Community Property with right of the real property situate in the	
Nevada, described as follows:	councy of Bouglas , state of
Township 14 North, Range 20 East Northwest 1/4, Southeast 1/4, So	M.D.B.& M.: Section 6, North 1/2, outheast 1/4.
Assessor's Parcel No. 10-040-02.	
•	
((
\ \	\ \
TOGETHER with all tenements, here	ditaments and appurtenances, including
easements and water rights, if an and any reversions, remainders, r	y, thereto belonging or appertaining,
Dated 8-7-92 .	Ato W Franch
	Otto W. Franck
	Ann 6 Franck
COLORADO	Ann C. Franck
STATE OF WEYADA)	Dhu Laborer
County of Selferson.	Rodney V. Skinner
on August 7, 92 persons	ally Com C. Skinner
appeared before me, a Notary Publ	ic, Sean C. Skinner
Jeans C Slanner	· ·
who acknowledged that he execut	sed SEAL 286069
the above instrument.	EOOK 892 PAGE2433

0539130

BE IT REMEMBERED, That on this	day of <u>luguest</u>	19 92
BE IT REMEMBERED, That on this	unty and State, personally appeared the within named	
	с Ь	
own to me to be the identical individual describe	d in and who executed the within instrument and acknowled	ged to
t executed the same freely and volun		
IN TESTIMONY WHEREOF, I have hereunto set my h	and and affixed my official seal the day and year last abo	ove writ
OFFICIAL SEAL	(ale Selend	
COVIA BEDORD	Notary Public for Oregon	
MY COMMISSION FUNCTION OF THE WAY	My Commission expires 9-30-45	
11-110	my Commission expres	
		•
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'92 AUG 14 P12:26

SUZANNE BEAUDREAU 286065
PFCORDER
DEPUTY
BOOK 892 PACE2434

0539130

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

. 1	LOCAL FILE NUMBER	•			STATE FILE NUMBER
TYPE	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
OR PRINT IN PERMANENT	1. Hazel	Morris	WHEATON	2. February 2, 2002	
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	R INSTITUTION—Name (If not either, give	street and number) If Hosp, or Inst. indicate Rm. Inpatient (Specify)	\
DECEDENT	3b. Minden		ghway 395 South	3e. ast UNDER 1 YEAR UNDER 1 DA	4. Female Y DATE OF BIRTH (Mo., Day, Yr.)
COCDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic On specify Mexican, Cuban, Puert	gin? Specify ☐ yes Xno If yes, AGE—L o Rican, etc. Birthday	(Years) MOS DAYS HOURS MI	NS
	⁵ White	6.	7a. 7] - Decedent's Education. Specify highe		8. August 14, 1930 SURVIVING SPOUSE (If wife, give maiden name)
IF DEATH OCCUPRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	grade completed.	WIDOWED, DIVORCED	1 1
INSTITUTION SEE HANDBOOK	9a. North Carolina SOCIAL SECURITY NUMBER	9b. U.S.A.	ve Kind of Work Done During Most of	11. Married	12 Richard Wheaton
REGANDING COMPLETION OF		Working Life, Even if Retire	ed)		
RESIDENCE ITEMS	13. FESIDENCE—STATE COU	14a.	Homemaker Toty, town, or location	14b. Own Home STREET AND NUMBER	INSIDE CITY LIMITS
L				15d. 3647 Hwy 39.	So. (Specify Yes or No) 15e. Yes
	15a. Nevada 15b. FATHER—NAME First	Douglas Middle	15c. Minden MOTHER—MA		Middle Last
PARENTS	Stephen		Morris 17	Lillie	Toler _
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town. S	
	18a. Richard Wheat	on			n City, Nevada
ſ	BURIAL, CREMATION, REMOVAL, OTH			ton's LOCATION	City or Town State
DISPOSITION	19a. Cremation		Carson Sierra Crema Director NAME AND ADDRESS OF		n City Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	LICENSE	NUMBER	Capitor City C	remation & Burial
	20a. 21a. To the best of my knowledge	20b. (614 N. Curry St. Car 22a. On the basis of examination and/or inve	stigation, in my opinion death occurred
ſ	due to the cause(s) Itated.	An har Viscon		at the time, date and place and due to t	he cause(s) and manner stated.
	Signature and Title) DATE SIGNED (Mo., Day, You		<u> </u>	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	21b. 2/4//	21c. 08	00	22b.	22c.
ERTIFIER	NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERT		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
		/	\ \		22e. AT
	NAME AND ADDRESS OF C	CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINER	OR CORONER). (Type or Print.) 8942	23 LICENSE NUMBER
Į	23a V. Dickers	son M.D. 925 I	ronwood Dr. Suite	2108, Minden, Nevada	a ^{23b.} 8354
CONDITIONS	REGISTRAR		1 1 1	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO C	OMMUNICABLE DISEASE
IF ANY WHICH GAVE RISE TO	24a. (Signature)	R. Xochaule	And 24b. Tolo. 7	2 <i>CC</i> 2 24c YES□	Interval between onset and death
RISE TO IMMEDIATE CAUSE STATING THE	25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PERMINE			Interval between onset and death
UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A CON				Interval between onset and death
	/ 404	Course of	/ /		3 months
\rightarrow	DUE TO, OR AS A CON	ISEQUENCE OF:			Interval between onset and death
/_	(1)				•
CAUSE OF DEATH	PART OTHER SIGNIFICANT CON	DITIONS—Conditions contribution	ng to death but not resulting in the underlying	ng cause given in Part 1. AUTOPSY (Sp Yes of	ecity WAS CASE REFERRED TO No) CORONER (Specify Yes or No)
DEATH	1			26. No	27. Yes
	ACC., SUICIDE, HOM., UNDET., DAT	TE OF INJURY (Mo., Day, Yr.) HO	DUR OF INJURY DESCRIBE HOV	V INJURY OCCURRED	
\	(Specify) 28a. 28b				TOWN CTATE
\	INJURY AT WORK (Specify Yes or No)	ACE OF INJURY—At home, fam building, etc. (5		STREET OR R.F.D. No. C	ITY OR TOWN STATE
1	28e. 28f		28g.		
/	NOTE AND	//_	DECICEDAD	N	lo. 214843
		SIAIE	REGISTRAR	-	

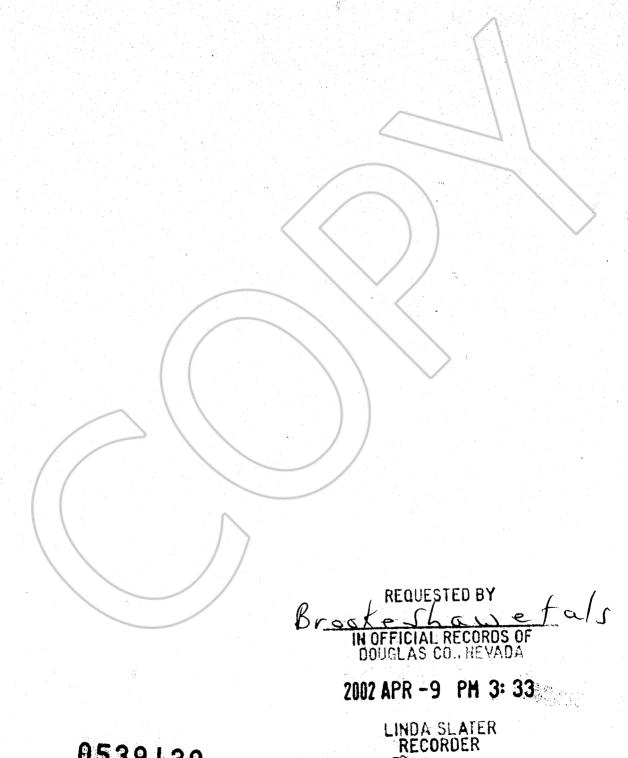
OF EAST OF THE STATE OF THE STA

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

Date Issued:

MAR 0 4 2002

0539 130 State Registrar



PAID DEPUTY

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