A.P. No. 1420-33-610-024 Escrow No. ACCOM-DANIELLE

WHEN RECORDED MAIL TO: Cheryl Irene Knox 1310 Cathy Lane Minden, NV 89423

MAIL TAX STATEMENT TO: Cheryl Irene Knox 1310 Cathy Lane Minden, NV 89423 THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

FIRST AMERICAN TITLE CO.

AFFIDAVIT – DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That JUNE ARLINE SPENCER, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JUNE ARLINE SPENCER named as one of the parties in that certain dated APRIL 21st, 1993, executed by ELEANOR ARLINE SPENCER to ELEANOR ARLINE SPENCER, CHERYL IRENE KNOX and JUNE ARLINE SPENCER as joint tenants, recorded as Instrument No. 305233 on April 21, 1993 in book 0493, page 3999, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada: Lot 10, Block 3, as set forth on the map of MOUNTAIN VIEW ESTATES NO. 2, filed for record October 24,1979, Book 1079, Page 1962, Document No. 38123, Official Records of Douglas County, State of Nevada.

Dated

4-12-02

Eleanor Arline Spencer

Cheryl Trene Knox

0540497 BK 0402PG 07507 Subscribed and sworn to before me this / day of April, 2002 by Eleanor Arline Spencer and Cheryl Irene Knox BARBARA A. SMITH
Notary Public - State of Nevada
Appointment Recorded in County of Douglas
My Appointment Expires August 25, 2004

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

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

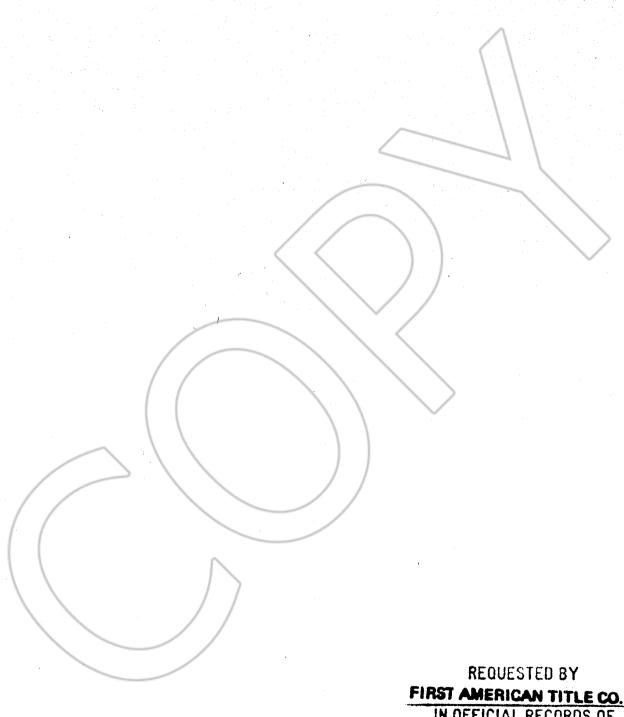
1	LOCAL FILE NUMBE		CENTIFICATE				STATE FILE NUMBER	
NT	DECEASED—NAME First	Middle	Last		ATE OF DEATH (Mon			C 4
	Jun	The state of the s	SPENCEI		April 1,	1997 losp. or Inst. indicate DC	A OP/Emer. SEX	City
	CITY, TOWN, OR LOCATION OF		일하다면 불의 회사 보고 뭐 없다니다. 이글로		Rm	. Inpatient (Specify)		
	3b. Carson City RACE—(e.g., White, Black, Amer	y 3c Carson	-Tahoe Hospita	AGE-Last	36. UNDER 1 YEAR	Inpatient	/ 4 Fem	
	Indian, etc) (Specify)	specify Mexican, Cuban, Pu	Drigin? Specify □ yes X no If yes, erto Rican, etc.	Birthday (Years	MOS DAYS	HOURS : MINS		
	5 White STATE OF BIRTH	6. I CITIZEN OF WHAT COUN	ITRY Decedent's Education. Sp	7a. 47	7b	7c. SUB	8. June 1, 194	
	(If not U.S.A., name country)	11 C A	grade completed.	6	WIDOWED, DIVORCE	D I		· · · · · · · · · · · · · · · · · · ·
	9a California SOCIAL SECURITY NUMBER	9b. U.S.A.	Give Kind of Work Done During Motired)	ost of	KIND OF BUSINESS	Married 12.		
	13. 1133	Working Life, Even if Re	otired)	337	8/0 Gamin	g Industry		
•	RESIDENCE—STATE	COUNTY Senior	Accounting Cles			ID NUMBER	INSIDE CITY LIMIT	
	15a Nevada	15b Douglas			150 35	59 Onyx Cou	(Specify Yes or No)	
	FATHER—NAME First	Middle		LLY HER <i>-MAIDEN I</i>		Midd		
,	16. Allen	LaRue	Spencer 17.		Elean	or Arle	ene Clark	>
Ī	INFORMANT—NAME (Type or Pri		MAILING ADDRESS			No., City or Town, State		
l	18a Eleanor Arle	피어 내용하다 내가 있었다면 하는데 없었다.	18b. 1310 Ca	athy Lar		高速 网络克拉斯 化二氯甲基	39423	
	BURIAL, CREMATION, REMOVA		ERY OR CREMATORY—NAME				or Town State	:
	19a Burial	[H. H. H	Live Oak Cemete	arv)	19	e Monro	via Califor	nia
FUNERAD DIRECTOR—SIGNATURE CALLIFORM NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley of LICENSE NUMBER								
(Or Persol Acting as Sign) LICENSE HUMBER 200. 1281 N. Roop St., Carson City, Nevada 89706							مراض وا 16	
	TIME MAI	owledge, death occurred at the time	0_(On the basis of exar	nination and/or investiga	tion, in my opinion death occu	
	6 0₹	- 10A / IA	1/1/5/	à ® (Sign	at the time, date and nature and Title)	A 3.4 at 1.	ause(s) and manner stated.	
	(Signature and Title) DATE SIGNED (Mo., 21b. 3		DEATH	E DAT	E SIGNED (Mo., Day		OF DEATH	······································
	EON 21b. 4/3/6	$\mathcal{G}\mathcal{F}$	520	α. ν υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ		22c.		
	NAME OF ATTENDIN	IG PHYSICIAN IF OTHER THAN CER	= 4 Y 1 R 2 S 1 S 3 S 8 S 1	10	NOUNCED DEAD (A	lo., Day, Yr.) PRON	OUNCED DEAD (Hour)	
	CENT THIS			Ĕ 22d.	ON	22e. A	τ	
	- 21u.	S OF CERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EX				LICENSE NUMBER	
	23a. John P	. Kelly, M.D., 5	50 W. Washingto	on, Cars	son City,	Nevada	23ь. 6376	
,	REGISTRAR		DATE RECEIV	ED BY REGISTR	AR (Mo., Day, Yr.)	DEATH DUE TO COMM	UNICABLE DISEASE	
	24a. (Signature)	ele y les eron	11/12 24b/Pm	1 31	997	24c. YES ☐ NO	KI ,	
	- interest	NTER ONLY ONE CASE PER LINE	FOR (a), (b), AND (c).)				Interval between onset and	death
	DART (a) Sex	M	A THE STATE OF THE				· Illan	
	PART (a) DUE TO DE AS	A CONSEQUENCE OF:					Interval between of set and	death
	10 /3m	and how	201				: 4 your	7
	DUE TO, OR AS A	A CONSEQUENCE OF:					Interval between onset and	death
	(0)	The same of the sa					/	
	(c) OTHER SIGNIFICANT	CONDITIONS—Conditions contribution	ng to death but not resulting in the i	underlying cause	given in Part I. AU	TOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or N	
					26.	No	27. Yes	,
	ACC., SUICIDE, HOM., UNDET.,	DATE OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCR	IBE HOW INJUR		i.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	OR PENDING INVEST. (Specify)	28b. 2	8c. M 28d.					
	28a. INJURY AT WORK	PLACE OF INJURY—At home, farm		ION.	STREET OR R.F.D.	No. CITY O	R TOWN STATE	
	(Specify Yes or No) 28e.	building, etc. (Specify) 28g.					
-				,		.	100100	
Ì	WAR PARA		STATE REGI	STRAR		NO	.103160	
ĺ	7			· · · · · ·				
	Tollar Lead to the last to the last tollar to the last tollar tol							

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

Date Issued:

APR 3 0 1997

State Registrar



IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2002 APR 24 PM 4: 01

LINDA SLATER RECORDER

0540497 BK 0402 PG 07510