

AFFIDAVIT - DEATH OF JOINT TENANT

OSCAR REESE, of legal age, being first duly sworn, deposes and says:
 That CHARLOTTE REESE, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as CHARLOTT REESE
 named as one of the parties in that certain GRANT DEED dated JULY 24, 1979
 executed by JOHN T. DeRUNTZ AND MARGARET H. DeRUNTZ, HUSBAND AND WIFE AS JOINT TENANTS
 to OSCAR REESE AND CHARLOTTE REESE, HUSBAND AND WIFE AS JOINT TENANTS
 as joint tenants, recorded as Instrument No. 35510, on AUGUST 14, 1979, in
 Book 879, Page 891, of Official Records of DOUGLAS
 County, Nevada, covering the following described property situated in GENOA
 County of Douglas, State of Nevada:

SEE DESCRIPTIIN SHEET ATTACHED HERETO AND MADE A PART HEREOF

Dated MAY 20, 2002

STATE OF NEVADA
 COUNTY OF DOUGLAS

} s.s.
Oscar Reese
 OSCAR REESE, Surviving Joint Tenant

This instrument was acknowledged before me on
MAY 20, 2002
 by OSCAR REESE

Carol Costa
 Notary Public



(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO
 Name **OSCAR REESE**
P.O. BOX 92
GENOA, NEVADA 89411-0092
 Street Address
 City, State Zip

0542723

BK0502PG06352

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

96 010143

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

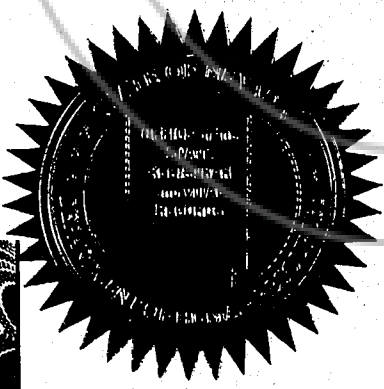
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Charlotte L. REESE		2. September 28, 1996		3a. Carson City		COUNTY OF DEATH	
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. X		7a. 78		8. July 10, 1918	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Pennsylvania		9b. USA		10. 14		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]-3032		14a. Journalist		14b. 171 Newspaper		12. Oscar Reese	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Genoa		15d. 100 Carson Street	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
16. Orrin Lester		17. Lillian Filler					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Oscar Reese - Husband		18b. 100 Carson Street, Genoa, Nevada 89411					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Mottsville Cemetery		19c. Minden, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 126		20c. Home, 1555 Hwy 395, Minden, Nevada 89423		48	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9/30/96		21c. 20:35		22b. [Signature]		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d. [Signature]		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Dr. R. Yamamoto, 604 W. Washington, Carson City, Nevada 89703		23b. 5778					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. October 1, 1996		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) Motor Vehicle Accident		Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(b) 199.1		Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c)		Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. No					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. [Signature]		28b. [Signature]		28c. M		28d. [Signature]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No.		CITY OR TOWN STATE	
28e. [Signature]		28f. [Signature]		28g. [Signature]			

STATE REGISTRAR

No. 102868



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

Date Issued: MAY 20 2002 0542723

[Signature] Yvonne Sylva

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0502PG06353

DESCRIPTION SHEET

BEING THE SOUTHWEST ¼ OF THE NORTHEAST ¼ AND THE NORTHWEST ¼ OF THE SOUTHEAST ¼ OF SECTION 9, TOWNSHIP 13 NORTH, RANGE 19 EAST, M.D.B. & M.

EXCEPTING THEREFROM ALL THAT PORTION THEREOF LYING EAST OF THE FOLLOWING DESCRIBED LINE:

BEGINNING ON THE NORTH LINE OF THE SOUTHWEST ¼ OF THE NORTHEAST ¼ OF SAID SECTION 9, DISTANT THEREON NORTH 89°41'14" WEST, 400 FEET FROM THE NORTHEAST CORNER OF SAID SOUTHWEST ¼, SAID POINT BEING THE NORTHWEST CORNER OF PARCEL 1 AS SHOWN ON THE PARCEL MAP FILED FOR RECORD DECEMBER 10, 1975 IN BOOK 1275 OF MAPS, AT PAGE 478, FILE NO. 86061; THENCE FROM SAID POINT OF BEGINNING AND ALONG THE WEST BOUNDARY OF SAID PARCEL MAP, SOUTH 00°05'37" EAST, 689.96 FEET TO THE SOUTHWEST CORNER OF PARCEL 2 OF SAID PARCEL MAP, SAID POINT BEING THE NORTHWEST CORNER OF PARCEL 1 AS SHOWN ON THE PARCEL MAP FILED FOR RECORD JUNE 6, 1974, IN BOOK 674 OF MAPS AT PAGE 133, FILE NO. 73652; THENCE ALONG THE WEST BOUNDARY THEREOF, SOUTH 00°05'37" EAST, 194.00 FEET TO A POINT ON THE NORTH BOUNDARY OF PARCEL 2 AS SHOWN ON SAID LAST MENTIONED PARCEL MAP; THENCE ALONG SAID LAST MENTIONED BOUNDARY, WEST, 150.00 FEET TO THE NORTHWEST CORNER OF SAID PARCEL 2; THENCE SOUTH 00°05'37" EAST, 408.99 FEET ALONG THE WEST BOUNDARY OF SAID PARCEL 2 TO THE SOUTHWEST CORNER THEREOF; THENCE EAST, ALONG THE SOUTH BOUNDARY OF SAID PARCEL 2; 150.00 FEET TO THE NORTHWEST CORNER OF THE LANDS CONVEYED IN THE DEED TO JAMES NUTTER ET UX, RECORDED SEPTEMBER 5, 1969, IN BOOK 69 OF OFFICIAL RECORDS AT PAGE 318; THENCE ALONG THE WEST BOUNDARY THEREOF AND ALONG THE WEST BOUNDARY OF THE LANDS CONVEYED IN THE DEED TO CAROL A NUTTER, RECORDED DECEMBER 17, 1976 IN BOOK 1276 OF OFFICIAL RECORDS AT PAGE 1184, SOUTH 00°05'37" EAST, 275.00 FEET TO THE NORTHWEST CORNER OF THE LANDS CONVEYED IN THE DEED TO J.D. LONG RECORDED JULY 19, 1971 IN BOOK 89 OF OFFICIAL RECORDS AT PAGE 84; THENCE ALONG THE WEST BOUNDARY OF SAID LANDS OF LONG, SOUTH, 393.26 FEET TO THE NORTHWEST CORNER OF THE LANDS CONVEYED IN THE DEED TO JOHN DINEL, ET UX, RECORDED FEBRUARY 11, 1970 IN BOOK 73 OF OFFICIAL RECORDS AT PAGE 324; THENCE ALONG THE WEST BOUNDARY OF SAID LANDS OF DINEL, SOUTH, 684.68 FEET TO A POINT ON THE SOUTH BOUNDARY OF THE NORTHWEST ¼ OF THE SOUTHEAST ¼ OF SAID SECTION 9, SAID POINT BEING THE SOUTHERLY TERMINUS OF THE LINE DESCRIBED HEREIN.

Per NRS 111.312, this legal description was previously recorded at Doc # 35510 Book 879 Page 891 Date 8/14/79.

REQUESTED BY

Oscar Reese
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAY 21 AM 9:46

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *[Signature]* DEPUTY

0752035/20/02

0542723

BK 0502 PG 06354