

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, 2002 being first duly sworn, deposes and says:

That Affiant is the surviving spouse of Eddie L. Kennett

and that the Affiant and the said Eddie L. Kennett, deceased,

are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed

dated the 24 day of March, 1978, under the terms of which

Coleman & Williams, Inc., a Nevada Corporation was Grantor

to: Eddie L. Kennett and Theresa Kennett, husband and wife as

Joint Tenants with right of survivorship, upon the terms, covenants and

provisions as setforth therein, said document recorded in Book 978 at Page 1647 as Document No: 25541, of
Official Records of Douglas

County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 18, Sierra Meadows Subdivision Phase 1, filed for record in the Office of the Douglas County Recorder on
May 18, 1977, as Document No. 09292.

That the said Eddie L. Kennett one of the Grantees in the Joint Tenancy Deed, died on
the 15th day of November, 2001, and is the identical person named in that

certain certified copy of Certificate of Death attached hereto as Exhibit A
that the said certified copy of Death Certificate is hereby referred to and
by such reference is incorporated into this paragraph as though herein fully

set forth. That all interest in and to said real property hereinabove

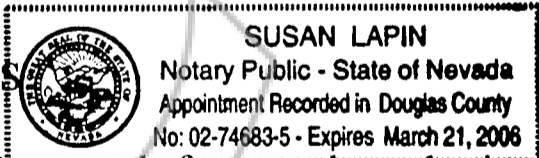
described, vested absolutely in Affiant namely, Theresa Kennett, as of the

date of decedent's death.

Dated: June 12, 2002

Theresa Kennett
Theresa Kennett

STATE OF NEVADA
COUNTY OF DOUGLAS



On June 12, 2002, before me, the undersigned, a Notary Public in and for said County, personally
appeared Theresa Kennett, personally known to me (or proved to me on the basis of satisfactory evidence) to be
the persons whose names are sub-scribed to the within instrument and acknowledged to me that they executed the
same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf
of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature [Signature]
NOTARY PUBLIC

Theresa Kennett
1490 HUSSMAN AVE
GARDNERVILLE, NV 89410

0544890

BK0602PG05357

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

20010013905

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			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
1. Eddie Lee KENNETT			November 15, 2001		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
3b Carson City			3c Mountain View Care Center		
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.		
5. White			6. <input checked="" type="checkbox"/>		
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a New Mexico		9b. USA		10. 8	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		
13. 1290			14a. Truck Driver		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Carson City		15c. Carson City	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. William Kennett			17. Willie Brown		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Theresa Kennett			18b. 1490 Hussman Street Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
19a. Burial			19b. Fernley Veteran Cemetery		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
20a. Jimmy Bensen			20b. 9		
NAME AND ADDRESS OF FACILITY			CITY, TOWN, OR LOCATION		
20c. Walton's Chapel of the Valley 02			1281 North Rook Street Carson City, Nevada 89706		
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.		
21b. 11/16/01			22b. 0345		
21c. 0345			22c. 0345		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22d. ON		
22e. AT			22f. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print.)			LICENSE NUMBER		
23a. Dr. David Hoskins 1664 Hwy 395 Minden, Nevada 89423			23b. 4628		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. (Signature) Lou Cook			24b. Nov 16, 2001		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			DEATH DUE TO COMMUNICABLE DISEASE		
PART I (a) Cardiac Ischemia			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Advanced COPD			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) Tobacco Abuse			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)		
Acute Rib Fractures & Pneumothorax, Dementia			27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
28a. ACC.			28b. 11-5-01		
INJURY AT WORK (Specify Yes or No)			HOUR OF INJURY		
28e. NO			28c. 0700 M		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			DESCRIBE HOW INJURY OCCURRED		
28f. REST HOME			28d. GOT UP FROM BED, FELL TO FLOOR.		
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			28g. 201 KOONTZ LN., CARSON CITY, NV. 89701		



STATE REGISTRAR

No. 206967

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

Date Issued: JUN 11 2002 0544890

Gronne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0602PG05358

BK0602PG5358

COPY

REQUESTED BY
MARQUIS TITLE & ESCROW

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUN 17 PM 4: 20

LINDA SLATER
RECORDER

\$ 16.00 PAID RL DEPUTY

0544890

BK0602PG05359