

APN: 1320-29-119-010

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
County of Douglas)

I, **CHARLOTTE BRADDY**, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the person named as **CHARLOTTE BRADDY**, one of the initial two Co-Trustees designated in **The Braddy Family Trust U/D/T 10-23-00**, wherein **WALTER R. BRADDY** and **CHARLOTTE BRADDY** were named as Co-Trustees.

That said Trust is the owner of a certain parcel of real property situate in Douglas County, Nevada and is described as follows:

Parcel 1:

Unit 374 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

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Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants, Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

That **WALTER R. BRADDY** is the identical person as decedent **WALTER R. BRADDY** named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, as if set forth in full, verbatim. I am the surviving wife of said decedent, who died on the 25th day of May, 2002.

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 107 IMAGE 405

1379

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH			
	1. Walter R. BRADDY			2. May 25, 2002		3a. Washoe			
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)		SEX		
	3b. Sparks		3c. Tahoe Pacific Hospital		3e. Inpatient		4. Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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		6.		7a. 78		8. December 17, 1923		
PARENTS	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)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a. California		9b. U.S.A.		10. 14		11. Married	12. Charlotte Mack	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY				
	13. 0881		14a. Manager		14b. Defense Systems				
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Douglas		15c. Minden		15d. 1079 Cedar Crest Drive		15e. Yes
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last					
	16. Willard Braddy			17. Lorene Stores					
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a. Charlotte Braddy - Wife			18b. 1079 Cedar Crest Drive, Minden, NV 89423					
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State				
	19a. Cremation		19b. FitzHenrys Crematory		19c. Carson City, Nevada				
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY				
	20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410				
CAUSE OF DEATH	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) <i>[Signature]</i>			(Signature and Title) <i>[Signature]</i>					
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b. 5-28-02		21c. 1125		22b.		22c.		
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
	21d.			22d. ON		22e. AT			
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						LICENSE NUMBER		
	21e. David P. De Los Santos 236 W 6TH Reno 89503						23b. 7072		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
	24a. (Signature) <i>[Signature]</i> Dep.		24b. May 28, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death	
	PART I (a) Respiratory Failure							: WEEKS	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death	
	(b) COPD							: YEARS	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death	
	(c)							:	
CAUSE OF 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)		
	25. Parkinson's Disease				26. No		27. No		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
	28a.		28b.		28c. M		28d.		
CAUSE OF DEATH	INJURY AT WORK (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.		28f.		28g.				

STATE REGISTRAR

No. 218974

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

Barbara Lee Hunt

Deputy Registrar:

056718

Date: JUN - 4 2002

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Dale Coulam
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUL 16 AM 9:27

LINDA SLATER
RECORDER

\$17⁰⁰ PAID kg DEPUTY

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