

A.P.N. # 1318-10-317-004
 ESCROW NO. 020106912

RECORDING REQUESTED BY:
 STEWART TITLE COMPANY
 WHEN RECORDED MAIL TO:

JERRY D. SULLIVAN
 1717 AZALEA COURT
 MINDEN, NV 89423

AFFIDAVIT - DEATH OF JOINT TENANT

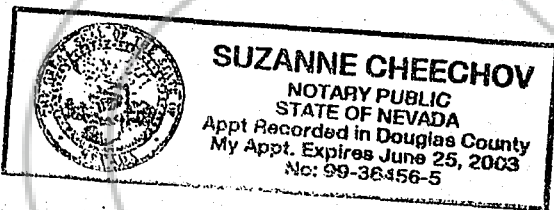
STATE OF NEVADA }
 COUNTY OF DOUGLAS } ss.

JERRY D. SULLIVAN, of legal age, being first duly sworn, deposes and says:
 That THELMA MARIE SULLIVAN, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as THELMA M. SULLIVAN
 named as one of the parties in that certain GRANT DEED dated JUNE 21, 1990
 executed by WILLIAM J. SULLIVAN AND THELMA M. SULLIVAN
 to W.J. SULLIVAN AND THELMA SULLIVAN, AS HUSBAND AND WIFE; JAMES J.*
 as joint tenants, recorded as Instrument No. 228610, on JUNE 21, 1990
 in Book 690, Page 2969, of Official Records of DOUGLAS
 County, Nevada, covering the following described property situated in the DOUGLAS
 County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

* SULLIVAN, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY; JERRY D.
 SULLIVAN, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY; DANIEL B.
 SULLIVAN, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY; VICTORIA
 (SULLIVAN) BERGSTROM, A MARRIED WOMAN AS HER SOLE AND SEPARATE
 PROPERTY, AND RANDY M. SULLIVAN, A MARRIED MAN AS HIS SOLE AND SEPARATE
 PROPERTY, ALL AS JOINT TENANTS

DATE: July 31, 2002



[Handwritten Signature]
 JERRY D. SULLIVAN

STATE OF NEVADA }
 COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on 8/5/2002,
 by JERRY D. SULLIVAN

Signature *[Handwritten Signature]*
 Notary Public

0548882

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 200019000321

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/00)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) THELMA			2. MIDDLE Marie			3. LAST (FAMILY) SULLIVAN		
4. DATE OF BIRTH M/M/DD/CCYY 03/22/1922		5. AGE YRS. 77		6. SEX Female		7. DATE OF DEATH M/M/DD/CCYY 01/02/2000		8. HOUR 1600
9. STATE OF BIRTH MI	10. SOCIAL SECURITY NO. 7909		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS married		13. EDUCATION—YEARS COMPLETED 12	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER self-employed			
17. OCCUPATION homemaker			18. KIND OF BUSINESS own home			19. YEARS IN OCCUPATION 59		
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1010 White Deer Drive								
21. CITY La Canada		22. COUNTY Los Angeles		23. ZIP CODE 91011		24. YRS IN COUNTY 70	25. STATE OR FOREIGN COUNTRY California	
26. NAME, RELATIONSHIP William J. Sullivan, husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1010 White Deer Drive La Canada, CA 91011				
28. NAME OF SURVIVING SPOUSE—FIRST William			29. MIDDLE J.		30. LAST (MAIDEN NAME) Sullivan			
31. NAME OF FATHER—FIRST Byron		32. MIDDLE -		33. LAST Miller		34. BIRTH STATE MI		
35. NAME OF MOTHER—FIRST Laura		36. MIDDLE -		37. LAST (MAIDEN) Dye		38. BIRTH STATE MI		
39. DATE M/M/DD/CCYY 01/06/2000		40. PLACE OF FINAL DISPOSITION "RES" William Sullivan 1010 White Deer Drive La Canada, CA 91011						
41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER not embalmed			43. LICENSE NO. -		
44. NAME OF FUNERAL DIRECTOR Cabot & Sons			45. LICENSE NO. FD 341		46. SIGNATURE OF LOCAL REGISTRAR <i>Maria...</i>		47. DATE M/M/DD/CCYY 01/06/2000	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1010 White Deer Drive						106. CITY La Canada		
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2000-50157
IMMEDIATE CAUSE DUE TO (A) Chronic Atrial Fibrillation				years				
DUE TO (B) Coronary Artery Disease				years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C) Hypertension				years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypothyroidism								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No								
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 02/24/1992		115. SIGNATURE AND TITLE OF CERTIFIER <i>K. Kachare, MD</i>		116. LICENSE NO. A 048121		117. DATE M/M/DD/CCYY 01/05/2000		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Kamlesh Kachare MD 801 Chevy Chase Glendale, CA 91205		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)								
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>4029</i>			127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR	A	B	C	D	E	F	G	H
							FAX AUTH. #	CENSUS TRACT

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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

JUL 30 2002
19-419070

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

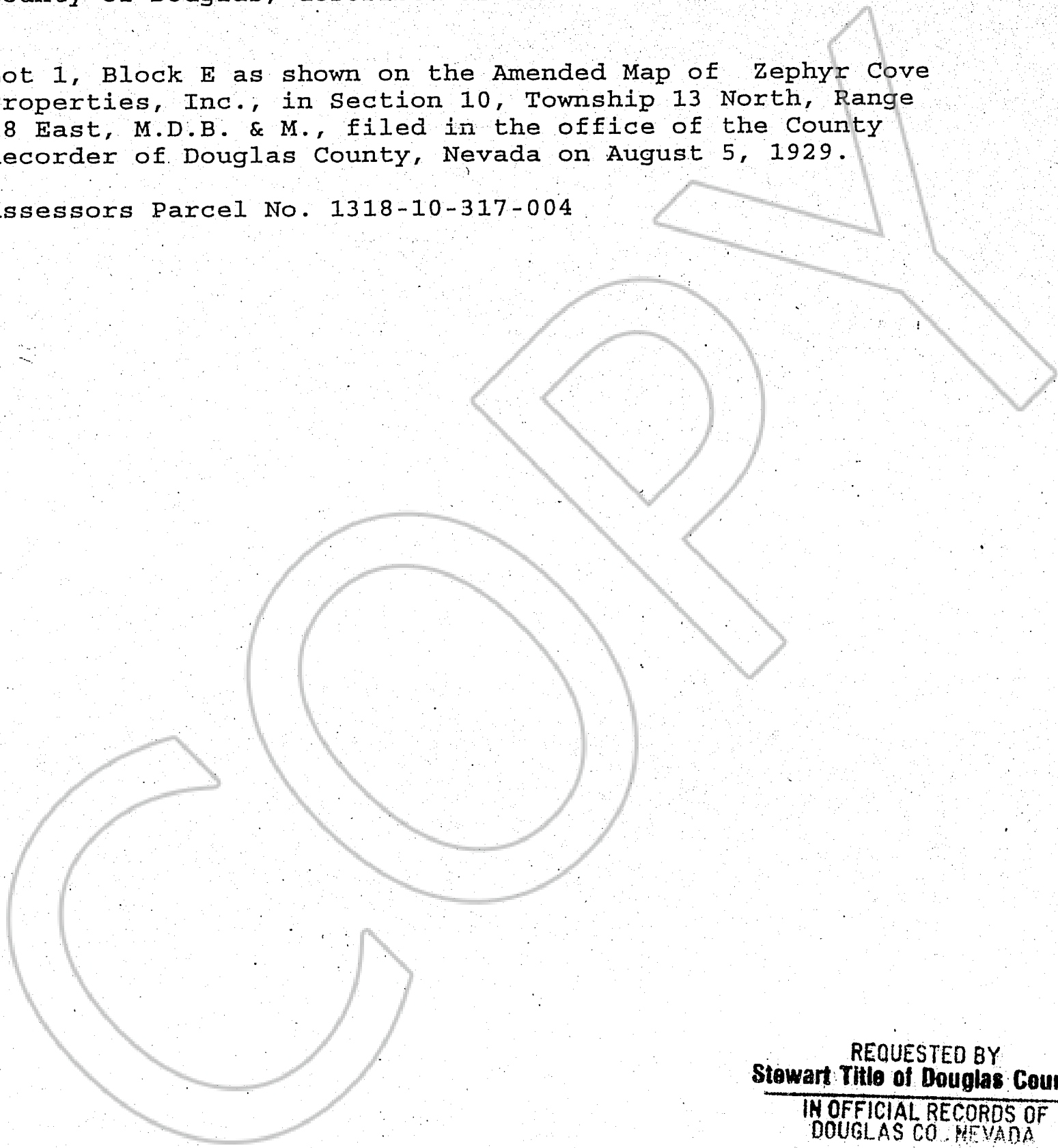
EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,
County of Douglas, described as follows:

Lot 1, Block E as shown on the Amended Map of Zephyr Cove
Properties, Inc., in Section 10, Township 13 North, Range
18 East, M.D.B. & M., filed in the office of the County
Recorder of Douglas County, Nevada on August 5, 1929.

Assessors Parcel No. 1318-10-317-004



REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG -7 AM 10: 58

LINDA SLATER
RECORDER

\$ 16.00 PAID bl DEPUTY

0548882

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