

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 RANDY MARK SULLIVAN, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as RANDY 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



Jerry D. Sullivan
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 Suzanne Cheechov
Notary Public

0548883
BK0802PG01760

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 20019044053

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) RANDY			2. MIDDLE MARK			3. LAST (FAMILY) SULLIVAN							
4. DATE OF BIRTH M/M/D/D/C/C/Y 11/05/1958		5. AGE YRS. 42		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		6. SEX M		7. DATE OF DEATH M/M/D/D/C/C/Y 10/19/2001		8. HOUR 1410	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED]-5524		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 CAUCASIAN			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER CALIFORNIA INSTITUTE OF THE ARTS							
17. OCCUPATION MAINTENANCE PERSON			18. KIND OF BUSINESS EDUCATION			19. YEARS IN OCCUPATION 15							
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 19006 CALLA WAY													
21. CITY CANYON COUNTRY			22. COUNTY LOS ANGELES			23. ZIP CODE 91351			24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA		
26. NAME, RELATIONSHIP TERESA SULLIVAN, WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 19006 CALLA WAY CANYON COUNTRY, CA 91351										
28. NAME OF SURVIVING SPOUSE—FIRST TERESA			29. MIDDLE KAY			30. LAST (MAIDEN NAME) ALDRIDGE							
31. NAME OF FATHER—FIRST WILLIAM			32. MIDDLE JAMES			33. LAST SULLIVAN			34. BIRTH STATE MA				
35. NAME OF MOTHER—FIRST THELMA			36. MIDDLE MARIE			37. LAST (MAIDEN) MILLER			38. BIRTH STATE MI				
39. DATE M/M/D/D/C/C/Y 11/05/2001		40. PLACE OF FINAL DISPOSITION RES. TERESA SULLIVAN 19006 CALLA WAY CANYON COUNTRY, CA 91351											
41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER NOT EMBALMED						43. LICENSE NO.				
44. NAME OF FUNERAL DIRECTOR CHAPEL OF THE CANYONS MTY			45. LICENSE NO. FD 1477			46. SIGNATURE OF LOCAL REGISTRAR <i>Frank Leaf</i>			47. DATE M/M/D/D/C/C/Y 10/29/2001				
101. PLACE OF DEATH HENRY MAYO NEWHALL MEM HOSP			102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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) 23845 McBEAN PARKWAY			106. CITY VALENCIA										
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)											108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-57427		
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST											TIME INTERVAL BETWEEN ONSET AND DEATH MINS		
DUE TO (B) CORONARY ARTERY DISEASE											YEARS		
DUE TO (C)											109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (D)											110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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 NONE													
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/D/D/C/C/Y 08/15/1989			115. SIGNATURE AND TITLE OF CERTIFIER <i>Harold E. Quan</i>			116. LICENSE NO. A34182		117. DATE M/M/D/D/C/C/Y 10/24/2001					
DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y 08/29/2001			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP HAROLD E. QUAN, MD 23928 LYONS AVE #101 NEWHALL, CA 91321										
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/D/D/C/C/Y		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 4149			127. DATE M/M/D/D/C/C/Y			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
 CONNY B. McCORMACK
 Registrar-Recorder/County Clerk

JUL 30 2002

19-419071

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



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

COPY

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG -7 AM 10: 59

LINDA SLATER
RECORDER

\$ 16.00 PAID BC DEPUTY

0548883

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