

**RECORDING REQUESTED BY:**

TSI Title and Escrow, Inc.

Escrow No. 10342-RM

Title Order No. 78719

**When Recorded Mail Document To:**

MRS. SUZANNE S. BROCK

314 S. ST. ASAPH ST.

ALEXANDRIA, VA. 22314

APN: 05-343-170

1318-15-611-024

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT  
FOR BENEFICIAL INTEREST**

STATE OF NEVADA,

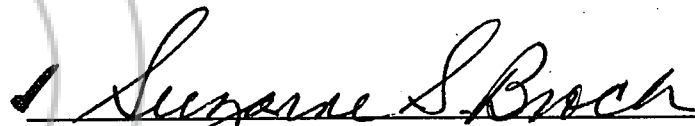
COUNTY OF Douglas,

SUZANNE S. BROCK, of legal age, being first duly sworn, and deposes and says:

That HARRY L. BROCK, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HARRY L. BROCK, JR. named as one of the Beneficiaries in that certain SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS dated July 22, 1996 executed by DAVID B. BROCK AND JUANITA GIBBS BROCK, HUSBAND AND WIFE, as Trustors to HARRY L. BROCK, JR. AND SUZANNE S. BROCK, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded as Instrument No. 392794, on July 25, 1996, in Book 0796, Page 4076, of Official Records of Douglas County, Nevada, covering the following described property situated in the city of Zephyr Cove County of Douglas, State of Nevada.


SEE EXHIBIT LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

DATED: June 27, 2002

  
\_\_\_\_\_  
SUZANNE S. BROCK

SUBSCRIBED AND SWORN TO before me

this 30<sup>th</sup> day of July, ~~19~~ 2002

Signature   
Notary

**LEGAL DESCRIPTION**

**ALL THAT REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**LOT 17, BLOCK C, AS SHOWN ON THE MAP OF ROUND HILL VILLAGE UNIT NO.4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON APRIL 25, 1966 IN BOOK 1 OF MAPS AS DOUMENT NO. 31837.**

**COPY**

0549721

BK0802PG05166

VALID ONLY  
WITH  
IMPRESSED  
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A  
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED:

SEP 26 2000

STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

SEAL

Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last) HARRY Lott				2. Date of Death Month Day Year September 18 2000			3. Time of Death 10:12 p.m.		
	4a. Facility Name (If not Institution, give street and number) Johns Hopkins Hospital				4b. City, Town, or Location of Death Baltimore City			4c. County of Death		
Funeral Director	5. Social Security Number -6614		6. Sex 1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F		7. Age (In yrs. last birthday) 65 Yrs.		8. Date of Birth (Month, Day, Year) Apr 21 1935		9. Birthplace (State or Foreign Country) California	
	Usual Residence of Decedent									
To Be Completed by Funeral Director	10a. State VA		10b. County		10c. City, Town or Location Alexandria			10d. Inside City Limits 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		
	10e. Street and Number 314 S St Asaph Street				10f. Zip Code 22314		10g. Citizen of What Country? USA			
	11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Specify:			14. Race - American Indian, Black, White, etc. Specify: WHITE		
	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)			College (1-4or 5+) 4		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Engineer			16b. Kind of Business/Industry Telecommunications	
	17. Father's Name (First, Middle, Last) Harry L Brock				18. Mother's Name (First, Middle, Maiden Surname) Editha Barthel					
	19a. Informant's Name/Relationship (Type, Print) Suzanne Brock/Wife				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 314 S St Asaph Street Alex. VA 22314					
	20a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)			20b. Place of Disposition (Name of cemetery, crematory or other place) Everly Crematory		Date 9/21/00	20c. Location - City or Town, State Alexandria, VA			
	21. Signature of Funeral Service Licensee [Signature]				22. Name and Address of Facility Everly-Wheatley Funeral Home 1500 W Braddock Rd. Alex. VA 22302					
	23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								Approximate Interval Between Onset and Death	
	Immediate Cause (Final disease or condition resulting in death) a. sepsis								1 week	
Due to (or as a consequence of): b. malignant pericardial effusion								1 month		
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last c. renal failure								2 months		
Due to (or as a consequence of): d. acute myelogenous leukemia								2 months		
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of death? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown				
24a. Was an autopsy performed? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No				24b. Were autopsy findings available prior to completion of cause of death? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No						
25. Was case referred to medical examiner? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		26. Place of Death (Check only one) Hospital: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA Other: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)								
27. Manner of Death 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		28a. Date of Injury (Month, Day Year)		28b. Time of Injury M	28c. Injury at Work? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		28d. Describe how injury occurred			
28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28f. Location (Street and Number or Rural Route Number, City or Town, State)						
29a. Certifier (Check only one) 1 <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> Medical Examiner: 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.										
29b. Signature and title of certifier [Signature] MD				29c. License number RES 000		29d. Date signed (Month, Day, Year) September 18, 2000				
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Kelly Dooley, Johns Hopkins Hospital, Baltimore, Maryland 21287										
31. Date filed (Month, Day, Year) SEP 26 2000		32. Registrar's Signature [Signature] 0549721 BK0802PG05167								

Important: If item 27 is marked other than "natural", or items 23a or 26a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

To the funeral director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit certificate.

State Registrar

COPY

REQUESTED BY  
**TSI TITLE & ESCROW**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 AUG 16 PM 4: 01

LINDA SLATER  
RECORDER

\$ 17<sup>00</sup> PAID LD DEPUTY

0549721

BK0802PG05168