

A.P.N. # 1022-16-002-067
ESCROW NO. 020807657

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

JOANNE GUNN
3321 VIVENDA CIRCLE
LA COSTA, CA 92009

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA

COUNTY OF Douglas } ss.

JOANNE GUNN, of legal age, being first duly sworn, deposes and says:
That NEIL GUNN, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as NEIL GUNN
named as one of the parties in that certain GRANT DEED dated October 22, 1979
executed by _____
to _____
as joint tenants, recorded as Instrument No. 38748, on November 19, 1979
in Book 1179, Page 867, of Official Records of _____
County, Nevada, covering the following described property situated in the _____
County, State of Nevada:

Lot 1, in Block H, as shown on the map entitled TOPAZ RANCH
ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the
Office of the County Recorder of Douglas County, Nevada, as
Document No. 50212.

Assessor's Parcel No. 1022-16-002-067.

DATE: August 21, 2002

Joanne Gunn
JOANNE GUNN
Joanne Gunn

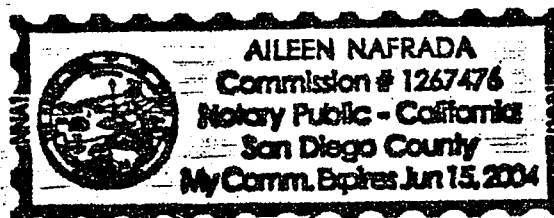
STATE OF CALIFORNIA }
COUNTY OF SAN DIEGO } ss.

This instrument was acknowledged before me on August 24, 2002,
by, JOANNE GUNN

Signature Aileen Nafrada
Notary Public

0550906

BK0802 PG10188



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Neil Franklin GUNN		2. DATE OF DEATH (Month, Day, Year) May 17, 2002	
3a. COUNTY OF DEATH Douglas		3b. WELLINGTON	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1551 Topaz Ranch Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	
3d. SEX Male		3f. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 72	
7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) Feb. 7, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) Louisiana	
9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12 years	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Joanne Atsuko Adachi	
13. SOCIAL SECURITY NUMBER 7189		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) retired boatswain	
14b. KIND OF BUSINESS OR INDUSTRY U.S. Navy		15a. RESIDENCE—STATE Nevada	
15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Wellington	
15d. STREET AND NUMBER 1551 Topaz Ranch Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Neil Gunn		17. MOTHER—MAIDEN NAME First Middle Last Hattie Wallace	
18a. INFORMANT—NAME (Type or Print) Joanne Gunn		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1520 Promontory Ridge Way, Vista, CA. 92083	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory	
19c. LOCATION City or Town State Carson City, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Capitol City Cremation 89703 1614 No. Curry Street, Carson City, Nevada 44	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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>	
21b. DATE SIGNED (Mo., Day, Yr.) 5-22-02		21c. HOUR OF DEATH 0425	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) K. White, M.D., 956 Bar-J Road, Gardnerville, Nevada 89410		22c. HOUR OF DEATH	
21f. LICENSE NUMBER 6088		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21g. REGISTRAR <i>[Signature]</i>		22e. PRONOUNCED DEAD (Hour)	
24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 22, 2002		22f. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No	
PART I (a) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF:		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(b) hypercalcemia DUE TO, OR AS A CONSEQUENCE OF:		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
(c) metastatic lung cancer		28b. DATE OF INJURY (Mo., Day, Yr.)	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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

STATE REGISTRAR

No. 212595



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

Date Issued: JUN 10 2002

[Signature]
Yvonne Sylva
0550906
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

[Handwritten]
Kass...
BK0802 PL 10189

COPY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG 29 AM 11:13

LINDA SLATER
RECORDER

\$16.00 PAID *[Signature]* DEPUTY

0550906

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