

A.P.N. 1420-34-810-015
Escrow No. 22700824

When Recorded Mail To:
Guy Rasmussen
2630 Wade Street
Minden, NV 89423

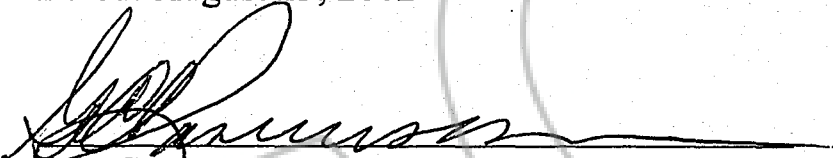
AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Louise L. Rasmussen, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Louise L. Rasmussen named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 25, 1995, executed by Kathleen M. Dunbar to Louise L. Rasmussen, an unmarried woman and Guy C. Rasmussen, an unmarried man all as joint tenants with the right of survivorship, recorded as Instrument No. 367259 on July 31, 1995 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 55, as shown on the Map of SIERRA VIEW SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 02, Page 105, as Document No. 15897.

Dated: August 23, 2002


Guy C. Rasmussen

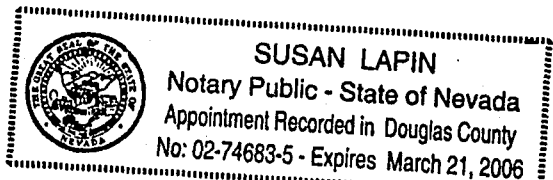
STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On August 23, 2002, before me, a notary public, personally appeared Guy C. Rasmussen,

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.



Notary Public



0550945
BK 0802 PG 10333

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

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Laura Louise RASMUSSEN		2. January 13, 1998	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson Tahoe Hospital	3e. Emer. Rm.
4. Female		SEX	
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)
5. White		6. 86	7a. 86
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
7b. :		7c. :	8. December 2, 1911
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Tennessee		9b. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. ██████████ 7829		14a. Motel Owner	11. Widowed
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. California		15b. Mono	15c. Bridgeport
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	KIND OF BUSINESS OR INDUSTRY
16. Grover Auston		17. Berah Highfill	14b. Motel Business
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Guy Rasmussen - Son		18b. 2630 Wade Drive., Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. 94	20c. 1281 North Rook St., Carson City, Nevada 89706
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>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b. 1/13/98		21c. 0145	22b. :
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. :		22c. :	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Dr. L.A. Van Epps, 604 West Washington, Carson City, Nevada		22d. ON	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	LICENSE NUMBER
24a. <i>[Signature]</i>		24b. January 14, 1998	23b. 5904
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Congestive heart failure		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Coronary artery disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
PART II		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. :		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b. :		28c. M	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28e. :		28d. :	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. :		28g. :	



STATE REGISTRAR

No. 122331

Gyenne Sylva

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

Date Issued: JAN 14 1998

0550945 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0

BK 0000 00103311

REQUESTED BY
MARQUIS TITLE & ESCROW

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG 29 PM 2:55

LINDA SLATER
RECORDER

\$ 16.00 PAID AB DEPUTY

0550945

BK0802PG10335