

A.P.N. # 1320-33-810-045
ESCROW NO. 020106919

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

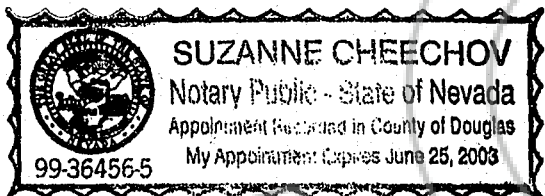
EDWARD A. WILLIAMS
1555 RIDGEVIEW DRIVE #209
RENO, NV 89509

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

EDWARD A. WILLIAMS, of legal age, being first duly sworn, deposes and says:
That PAULA ANNE WILLIAMS, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as PAULA A. WILLIAMS
named as one of the parties in that certain CORP. GRANT DEED dated Jan. 4, 1996
executed by RANDALL S. HARRIS, PRES. FOR H & S CONSTRUCTION, INC.
to EDWARD A. WILLIAMS AND PAULA A. WILLIAMS HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 378810, on January 11, 1996
in Book 0196, Page 2083, of Official Records of DOUGALS COUNTY
County, Nevada, covering the following described property situated in the
County, State of Nevada:

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



DATE: **June 26, 2002**

Edward A. Williams
EDWARD A. WILLIAMS

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on 8/26/2002
by, EDWARD A. WILLIAMS

Signature *Suzanne Cheechov*
Notary Public

0550986

BK0802PG10666

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

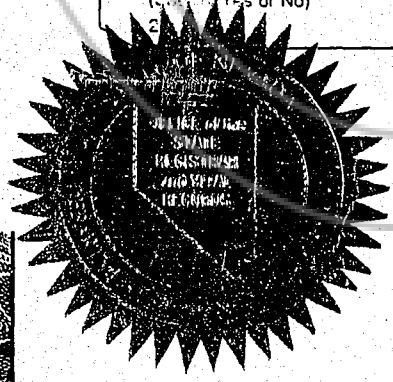
DISPOSITION

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 1. Paula Anne WILLIAMS			DATE OF DEATH (Month, Day, Year) 2. May 6, 2001		
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe-Hospital		II Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 67	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Massachusetts		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 14 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. ██████████ 8617		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1320 East Marion
FATHER—NAME First Middle Last 16. Charles Paul Thuot		MOTHER—MAIDEN NAME First Middle Last 17. Donalda Asslin		COUNTY OF DEATH 3a. Carson City	
INFORMANT—NAME (Type or Print) 18a. Edward A. Williams		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1320 East Marion Russell Drive, Gardnerville, Nv. 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a.		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. 1478 Fourth Street, Minden, Nv. 89423	
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) 		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) 		DATE SIGNED (Mo., Day, Yr.) 21b. 5/8/01	
21c. HOUR OF DEATH 21c. 1102		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
21e. ON		22f. ON		22g. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print.) 23a. Todd Pitts, M.D., 1000 N. Division St., Suite 200, Carson City, Nevada		LICENSE NUMBER 23b. 8280		REGISTRAR 24a.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 9, 2001		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Breast Cancer	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : months		DUE TO, OR AS A CONSEQUENCE OF:	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	



STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office. BK 0802 P6 10667

Date Issued: MAY 09 2001 0550986

State Registrar

No. 181850

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020106919

Lot 96, Block H, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, and further Amended by Certification of Amendment recorded July 17, 2001 as Document No. 518480, of Official Records.

Assessors Parcel No. 1320-33-810-045

COPY

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

2002 AUG 29 PM 4: 28

LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID Bh DEPUTY

0550986

BK 0802 PG 10668