

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF CARSON } SS:

E. MURIEL RUMPH, of legal age, being duly sworn, deposes and says

That WILLARD F. RUMPH the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WILLARD F. RUMPH named as one of the parties in that certain Grant, Bargain Sale Deed dated May 29, 1984 executed by John L. Gulino & Ida M. Gulino,* to WILLARD F. RUMPH AND/MURIEL RUMPH, HUSBAND AND WIFE, as joint tenants, recorded as Instrument No. 101463, on May 30, 1984 in Book N/A Page N/A of Official Records of CARSON CITY County, Nevada, covering the following described property. 584 2524 DOUGLAS

Lot 5, in Block C, of IMPALA MOBILE HOME ESTATES UNIT TWO, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 7, 1982 in Book 482, page 366, as File No. 66654.

*husband and wife, as joint tenants

Dated: 9-11-02

E. Muriel Rumph
E. MURIEL RUMPH

STATE OF NEVADA }
COUNTY OF Carson } SS:

Subscribed and sworn to before me on 9/11/02,
by E. MURIEL RUMPH

[Signature]
NOTARY PUBLIC



Escrow No. 109128-MC

SPACE BELOW FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO:
MURIEL RUMPH
1202 Partridge Drive
Carson City, NV 89701

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	
1. DECEASED—NAME First Middle Last Willard Floyd RUMPH		2. DATE OF DEATH (Month, Day, Year) May 14, 2002	
3. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Nevada Cares		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
5. 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) 82	
7a. UNDER 1 YEAR MOS : DAYS		7b. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) March 28, 1920		9. STATE OF BIRTH (If not U.S.A., name country) Michigan	
9a. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Evelyn M. Russell	
13. SOCIAL SECURITY NUMBER -4663		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher	
14b. KIND OF BUSINESS OR INDUSTRY Education		15a. RESIDENCE—STATE Nevada	
15b. COUNTY Carson City		15c. CITY, TOWN, OR LOCATION Carson City	
15d. STREET AND NUMBER 3403 Princeton Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Henry Rumph		17. MOTHER—MAIDEN NAME First Middle Last Albertina Anderson	
18a. INFORMANT—NAME (Type or Print) Evelyn M. Rumph - Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3403 Princeton Avenue, Carson City, NV 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY—NAME Forest Lawn Cemetery	
19c. LOCATION City or Town State Glendale, California		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701	
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.) 5/16/02		21c. HOUR OF DEATH 0300	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Karen McDermott, M.D., 790 Willow Street, Reno, NV 89502		23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 5-17-02	
24c. 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).) PART I (a) <i>dementia</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>seizures</i>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo., Day, Yr.) 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	



STATE REGISTRAR

No. 218966

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

Date Issued:

MAY 17 2002

0552249

State Registrar

[Signature]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0902PG04786

COPY

REQUESTED BY
FIRST CENTENNIAL TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP 16 PM 2:51

LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID 12 DEPUTY

0552249

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