

AFFIDAVIT - DEATH OF JOINT TENANT

LOTTIE M FICKLE, of legal age, being first duly sworn, deposes and says:
 That ROBERT E FICKLE, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as ROBERT E FICKLE
 named as one of the parties in that certain Deed dated April 15, 1975
 executed by CALVIN C TOPLIFF AND PATRICIA L TOPLIFF
 to ROBERT E FICKLE AND LOTTIE M FICKLE
 as joint tenants, recorded as Instrument No. 79938, on MAY 2, 1975, in
 Book 575, Page 110, of Official Records of DOUGLAS
 County, Nevada, covering the following described property situated in the _____
 _____, County of DOUGLAS, State of Nevada:

LOT 33, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the office of
 the County Recorder of Douglas County, Nevada, on March 31, 1969.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property
 described, did not then exceed the sum of \$ 190,000.

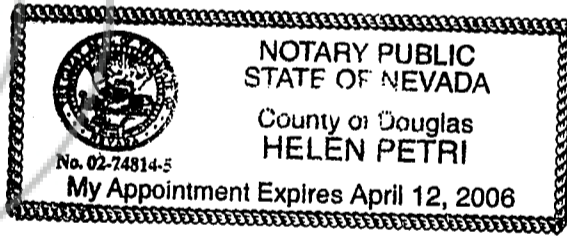
Dated 10-29-02

STATE OF NEVADA
 COUNTY OF Douglas

} s.s. Lottie M. Fickle
 LOTTIE M. FICKLE

This instrument was acknowledged before me on
October 29, 2002,
 by LOTTIE M. FICKLE

Helen Petri
 Notary Public



(This area for official notarial seal)

Title Order _____ Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
 LOTTIE M. FICKLE
 AND WHEN RECORDED MAIL TO

Name **LOTTIE M. FICKLE**
 Street Address **3704 BALLMAN WAY**
 City, State Zip **WELLINGTON, NV 89444**

0556255

08617810/29/02

BK 1002 PG 13610

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	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
DECEDENT	1. <u>Robert Everett FICKLE</u>			2. <u>September 25, 2002</u>		3a. <u>Douglas</u>
	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) SEX
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. <u>Wellington</u>			3c. <u>3704 Ballman Way</u>		3e. <u>No</u>
	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)	UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS DATE OF BIRTH (Mo., Day, Yr.)
PARENTS	5. <u>White</u>			6. <input checked="" type="checkbox"/>	7a. <u>76</u>	7b. <u>:</u> 7c. <u>:</u>
	9a. <u>Ohio</u>			9b. <u>U.S.A.</u>	10. <u>14</u>	11. <u>Married</u>
DISPOSITION	13. <u>2692</u>			14a. <u>Purchasing Agent</u>		14b. <u>Plumbing</u>
	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)			15a. <u>Nevada</u> 15b. <u>Douglas</u> 15c. <u>Wellington</u> 15d. <u>3704 Ballman Way</u> 15e. <u></u>		
CERTIFIER	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. <u>Robert Everett Fickle</u>			17. <u>Muriel Dobbins</u>		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. <u>Lottie M. Fickle</u>			18b. <u>3704 Ballman Way, Wellington, NV. 89444</u>		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. <u>Cremation</u>			19b. <u>Walton's Sierra Crematory</u>		19c. <u>Carson City, Nevada</u>
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
	20a. <u>[Signature]</u>			20b. <u>09</u>		20c. <u>Walton's Douglas County Mortuary</u>
CAUSE OF DEATH	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) <u>Tom J. Walsh</u>			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) <u>[Signature]</u>		
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
CAUSE OF DEATH	21b. <u>09/27/2002</u>			21c. <u>0305</u>		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
CAUSE OF DEATH	21d. <u></u>			22c. PRONOUNCED DEAD (Hour)		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22d. ON 22e. AT		
CAUSE OF DEATH	23a. <u>Tom J. Walsh M.D. 103 Hwy. 338 Smith Valley NV. 89430</u>			LICENSE NUMBER		
	23b. <u>5515</u>			REGISTRAR		
CAUSE OF DEATH	24a. (Signature) <u>[Signature]</u>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24b. <u>Sept. 27, 2002</u>			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF:					
CAUSE OF DEATH	(b) <u>Bowel Obstruction</u> DUE TO, OR AS A CONSEQUENCE OF:					
	(c) <u>Advanced Parkinson's</u> DUE TO, OR AS A CONSEQUENCE OF:					
CAUSE OF 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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
	26. <u>No</u>			27. <u>Yes</u>		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
	28a. <u></u>			28b. <u></u>		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
	28e. <u></u>			28c. <u>M</u>		28d. <u></u>
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		
	28f. <u></u>			28g. <u></u>		



STATE REGISTRAR

No.254018

Syonna Sylva

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

Date Issued: SEP 27 2002 0556255

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1002PG13611

COPY

REQUESTED BY
Lottie Fickle
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 OCT 29 PM 4: 25

LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID KJ DEPUTY

0556255

BK1002PG13612