

A.P.N. # 1120-04-114-023  
ESCROW NO. 020808243

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

**BRADY**  
1644 NE 80TH STREET  
REDMOND, OR 97756

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
  } ss.  
COUNTY OF DOUGLAS }

**DEAN BRADY**, of legal age, being first duly sworn, deposes and says:  
That LEROY MARK WOODRUFF, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as L.M. WOODRUFF  
named as one of the parties in that certain GRANT, BARGAIN, SALE DEED May 19, 1977  
executed by JACK P. LEDYARD AND GERALDYNE P. LEDYARD, HUSBAND AND WIFE  
to L.M. WOODRUFF AND ERMA S. WOODRUFF, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 10618, on June 29, 1977  
in Book 677, Page 1890, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

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

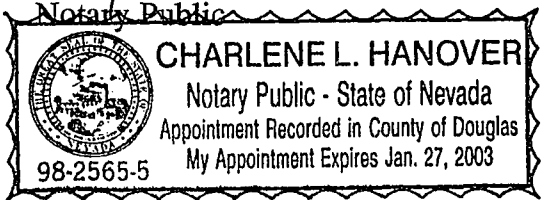
DATE: October 02, 2002

*Dean Brady*  
\_\_\_\_\_  
**DEAN BRADY**

STATE OF Nevada }  
  } ss.  
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on 10/3/2002,  
by, DEAN BRADY

Signature *Charlene L. Hanover*  
\_\_\_\_\_  
Notary Public



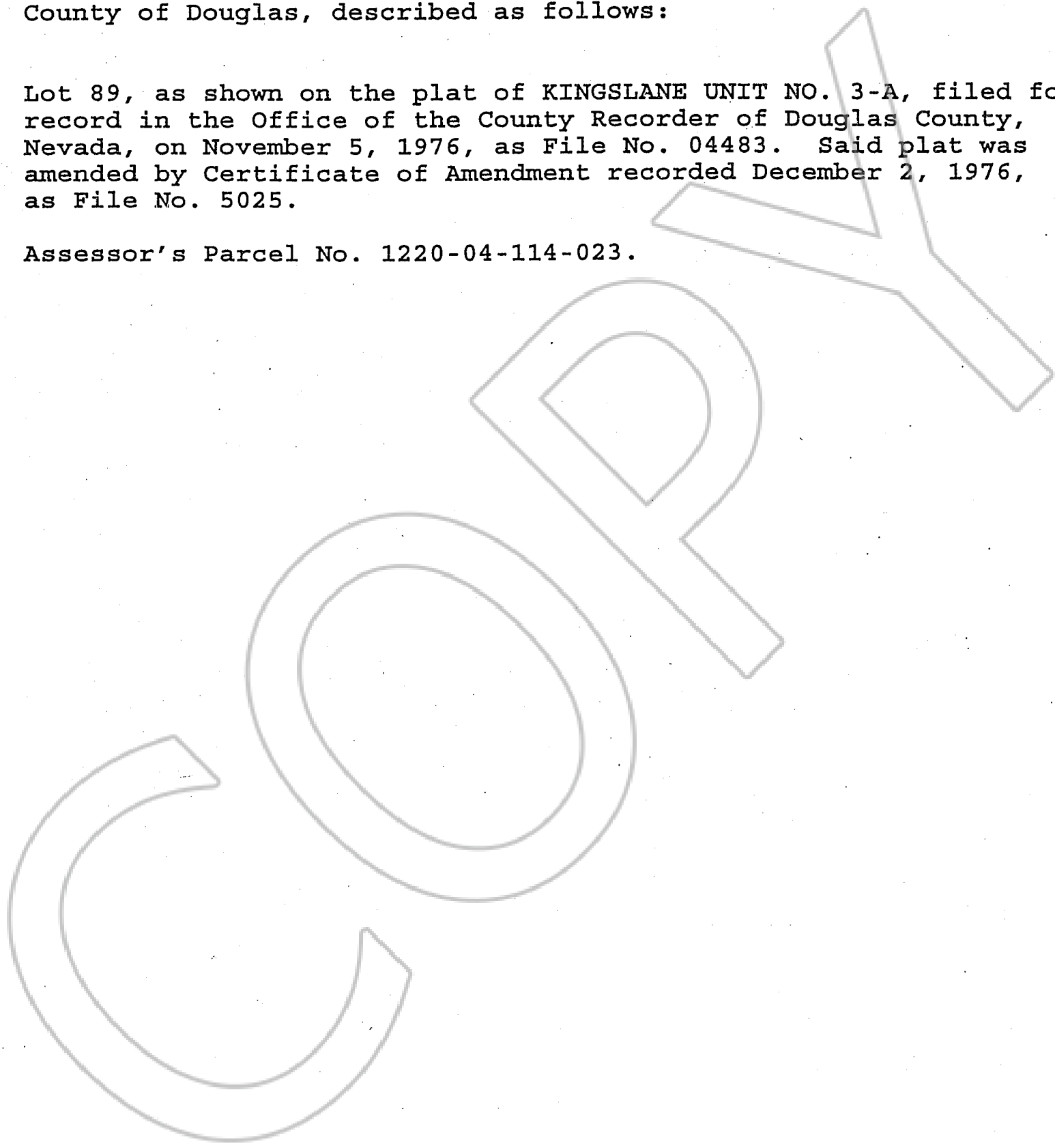
0556485  
BK1002PG14980

**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 89, as shown on the plat of KINGSLANE UNIT NO. 3-A, filed for record in the Office of the County Recorder of Douglas County, Nevada, on November 5, 1976, as File No. 04483. Said plat was amended by Certificate of Amendment recorded December 2, 1976, as File No. 5025.

Assessor's Parcel No. 1220-04-114-023.



# 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

92 002884

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. Leroy Mark WOODRUFF			2. April 13, 1992			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)			SEX								
3b. Carson City			3c. Sierra Convalescent Center			3e. Inpatient 6			4 Male								
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.)		
5. White			6. X			7a. 79			7b. :			7c. :			8. September 12, 1912		
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)					
9a. Oregon			9b. USA			10. 12			11. Married			12. Erma Selma Brady					
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
13. 0799			14a. Printer			734			14b. Newspaper C								
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)									
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1362 Kings Lane		15e. Yes									
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
16. Frank Woodruff			17. Gertrude Wheeler														
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
18a. Erma Woodruff			18b. 1362 Kings Lane, Gardnerville, Nevada 89410														
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
19a. Cremation			19b. Sierra Crematory			19c. Reno Nevada											
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
20a. <i>Walter Wootley</i>			20b. 21			20c. Walton's Chapel of the Valley 02											
20c. 1281 N. Roop Street, 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>Edward R. Rose</i>			(Signature and Title) <i>Edward R. Rose</i>														
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH								
21b. 4-13-92			21c. 1230			22b.			22c.								
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)											
21d.			22d. ON			22e. AT											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER														
23a. Edward R. Rose, MD, 1200 Mountain St., Carson City, Nv. 89703			23b. 5034														
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
24a. (Signature) <i>Janet Hunter</i>			24b. April 13, 1992			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death											
PART I (a) <i>metastatic mesothelioma</i>			DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death											
(b)			DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death											
(c)			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)			WAS CASE REFERRED TO CORONER (Specify Yes or No)											
26. No			27. Yes														
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
28a.			28b.			28c. M			28d.								
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.			STREET OR R.F.D. No. CITY OR TOWN STATE								
28e.			28f.			28g.											

No. 036196

STATE REGISTRAR

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

Date Issued: 0556485

OCT 14 2002

State Registrar

*Yvonne Sylva*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1002PG14982

COPY

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

2002 OCT 31 PM 4: 06

LINDA SLATER  
RECORDER

\$ 17<sup>00</sup> PAID kg DEPUTY

0556485

BK 1002 PG 14983