

A.P.N. # 1022-16-002-005
ESCROW NO. _____

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

JANETTE M. DeFORREST
1536 PEARL ROAD
WELLINGTON, NV 89444

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } SS.
COUNTY OF DOUGLAS }

JANETTE M. DeFORREST, of legal age, being first duly sworn, deposes and says:
That PAUL E. DeFORREST, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL E. DeFORREST named as one of the parties in that certain DEED dated May 07, 1974 executed by TOPAZ DEVELOPMENT CORP., a Nevada corporation to PAUL E. DeFORREST and JANETTE M. DeFORREST, husband and wife as joint tenants, recorded as Instrument No. 73096, on May 08, 1974 in Book 574, Page 256, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the DOUGLAS County, State of Nevada:

Lot 3, in Block U, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 4, filed in the office of the Recorder of Douglas County, Nevada.

APN 1022-16-002-005

DATE: **November 15, 2002**

Janette M. DeForrest

JANETTE M. DeFORREST

STATE OF Nevada }
 } SS.
COUNTY OF DOUGLAS }



This instrument was acknowledged before me on November 15, 2002
by, JANETTE M. DeFORREST

Signature *Gayle Sarratea*

Notary Public

0558200

BK 1102 PG 07678

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

1102PG07679

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Paul DeForrest		DATE OF DEATH (Month, Day, Year) 2. November 7, 2002	COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Wellington		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1536 Pearl Road	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Male
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. 83	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. February 9, 1919
STATE OF BIRTH (If not U.S.A., name country) 9a. Iowa	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. ██████████ 9663	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Photo Engraver	KIND OF BUSINESS OR INDUSTRY 14b. Advertising	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 1536 Pearl Road
FATHER—NAME First Middle Last 16. Joe DeForrest		MOTHER—MAIDEN NAME First Middle Last 17. Belle Johnson	
INFORMANT—NAME (Type or Print) 18a. Janette DeForrest		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1536 Pearl Road, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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>	
DATE SIGNED (Mo., Day, Yr.) 21b. 11/7/02	HOUR OF DEATH 21c. 1953	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Evan W. Easley M.D., 1107 Hwy 395, Gardnerville, NV 89410			LICENSE NUMBER 23b. 7446
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 13, 2002	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) Cardiac arrest	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) Atrial Fibrillation	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) Coronary artery disease	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 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 254466



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

Date Issued: NOV 13 2002 0558200

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1102 PG 7679

COPY

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

2002 NOV 19 AM 10:41

LINDA SLATER
RECORDER

\$ 16.00 PAID PL DEPUTY

0558200

BK 1102 PG 07680