

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF Douglas

} SS:

APN: 1420-07-613-004
Escrow No. 66113-DH

87310-99

Keith A. Logan, II, of legal age, being duly sworn, deposes and says

That Tina M. Logan the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Tina M. Logan named as one of the parties in that certain Individual Grant Deed dated February 17, 1994 executed by Gene Couste and Sara Couste to Keith A. Logan, II and Tina M. Logan as joint tenants, recorded as Instrument No. 332087, on March 11, 1994 in Book Page of Official Records of Douglas County, Nevada, covering the following described property.

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, in Block E, as shown on the official Map of SUNRIDGE UNIT NO. 1-A, filed for record in the Office of the County Recorder of Douglas County, Nevada on April 15, 1988, in Book 488, Page 1638, as Document No. 176220.

Dated: December 6, 2002

Keith A. Logan, II

STATE OF NEVADA
COUNTY OF WASHOE

} SS:

This instrument was acknowledged before me on
December 9, 2002

by Keith A. Logan, II

NOTARY PUBLIC

DONNA HEINSON
Notary Public - State of Nevada
Appointment Number 01-70617-2
My Appt. Expires Sept. 10, 2005

Escrow No. 66113-DH

AND WHEN RECORDED MAIL TO:

Keith Logan
1003 Shadow Lane
Carson City, NV 89705

SPACE BELOW FOR RECORDER'S USE

0560901

BK1202PG06702

STATE OF NEVADA

APN: 1420-07-613-004
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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. Tina Marie LOGAN			2. September 2, 2001			3a. Douglas	
	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. 1003 Shadow Lane		3e.	4. Female		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input 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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6.		7a. 37	7b. : 7c. :	8. April 27, 1964	
	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)	
	9a. Nevada		9b. U.S.A.		10. 16 years		11. Married	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
PARENTS	13. ██████████ 4365		14a. Paralegal		14b. Legal Business			
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Douglas	15c. Carson City		15d. 1003 Shadow Lane		15e. Yes
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
DISPOSITION	16. William Kissel			17. Gaylene Anita Wilson				
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Keith Logan			18b. 1003 Shadow Lane, Carson City, Nevada 89705				
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
CERTIFIER	19a. Burial		19b. Eastside Memorial Cemetery		19c. Minden, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
	20a. <i>Jenny Bens</i>		20b. 9	20c. 1281 No. Rook st., Carson City, Nv. 89706				
	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.)		HOUR OF DEATH	
CAUSE OF DEATH	21b. 9-4-01		21c. 0950		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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Kirkland White, M.D., 956 Bar-J Rd., Gardnerville, Nv. 89410			23b. 6088				
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) <i>[Signature]</i>		24b. Sept. 6, 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
CAUSE OF DEATH	PART I (a) Cardio-Pulmonary Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) Huntingtons Disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c)				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.				



STATE REGISTRAR

No. 206804

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

Gyonne Sylvia

Date Issued: SEP 06 2001

0560901

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1202PG06703

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 DEC 16 AM 11:54

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

0560901

BK 1202 PG 06704