

16

APN: 1220-09-810-056

### AFFIDAVIT - DEATH OF JOINT TENANT

VICKIE L. STROUP \_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
 That WILLIAM C. STROUP \_\_\_\_\_, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as WILLIAM C. STROUP \_\_\_\_\_  
 named as one of the parties in that certain GRANT DEED \_\_\_\_\_ dated NOVEMBER 22, 1993  
 executed by DENNIS WHITE AND CAROLYN GOULD WHITE \_\_\_\_\_  
 to WILLIAM C. STROUP AND VICKIE L. STROUP \_\_\_\_\_  
 as joint tenants, recorded as Instrument No. 323797 \_\_\_\_\_, on NOVEMBER 30, 1993 \_\_\_\_\_, in  
 Book 1193 \_\_\_\_\_, Page 6024 \_\_\_\_\_, of Official Records of DOUGLAS  
 County, Nevada, covering the following described property situated in the N/A \_\_\_\_\_  
 \_\_\_\_\_, County of DOUGLAS \_\_\_\_\_, State of Nevada:

LOT 332, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE  
 OF THE COUNTY OF DOUGLAS, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO.  
 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, PAGE 797, AS DOCUMENT NO.  
 28377.

HYN - 1220-09-810-056

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 \$ 10,000.00 \_\_\_\_\_.

Dated May 7, 2002 \_\_\_\_\_

STATE OF NEVADA  
 COUNTY OF DOUGLAS \_\_\_\_\_

} *Vickie Stroup*  
 S.S. VICKIE L. STROUP \_\_\_\_\_

This instrument was acknowledged before me on  
December 20, 2002  
 by VICKIE L. STROUP \_\_\_\_\_

MAUREEN R. LOWE  
 Notary Public - State of Nevada  
 Appointment Number 01-67929-5  
 My Appt. Expires April 16, 2005

*Maureen R. Lowe*  
 Notary Public

(This area for official notarial seal)

Title Order No. SHARONAC \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY  
 Western Title Company, Inc.  
 AND WHEN RECORDED MAIL TO

✓ Name VICKIE L. STROUP  
 Street Address 1412 MARLETTE CR  
 City, State Zip GARDNERVILLE, NV 89410

0561605

07440105/07/02

BK1202PG09471

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

000265

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| LOCAL FILE NUMBER  |  | DECEASED—NAME   |  | DATE OF DEATH (Month, Day, Year)   |  | STATE FILE NUMBER                                   |  |
| 1. William C. STROUP   |  | 2. January 4 2002   |  | 3a. Clark  |  |   |  |
| 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. Rural Clark County   |  | 3c. I-95 and 113 Mile Marker  |  | 3e.  |  | 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)  |  | DATE OF BIRTH (Mo., Day, Yr.)                       |  |
| 5. White   |  | 6.  |  | 7a. 55   |  | 8. July 15 1946                                     |  |
| 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. Indiana  |  | 9b. USA   |  | 10. 14   |  | 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   |  | SURVIVING SPOUSE (If wife, give maiden name)        |  |
| 13. ██████████ 5656  |  | 14a. Electrician  |  | 14b. Hotel & Casino  |  | 12. Vickie Osteen                                   |  |
| RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION  |  | STREET AND NUMBER                                   |  |
| 15a. Nevada  |  | 15b. Douglas  |  | 15c. Gardnerville  |  | 15d. 1412 Marlette Circle                           |  |
| INSIDE CITY LIMITS (Specify Yes or No)   |  |   |  |  |  | 15e. Yes  |  |
| FATHER—NAME  |  |   |  | MOTHER—MAIDEN NAME   |  |   |  |
| 16. Carey Stroup   |  |   |  | 17. Theodora Confer  |  |   |  |
| INFORMANT—NAME (Type or Print)   |  |   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)   |  |   |  |
| 18a. Vickie Stroup   |  |   |  | 18b. 1412 Marlette Circle Gardnerville Nevada 89410  |  |   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  | LOCATION   |  | City or Town State                                  |  |
| 19a. Cremation   |  | 19b. Hites Crematory  |  | 19c. Henderson Nevada  |  |   |  |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  |  | FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY   |  |   |  |
| 20a. James R. Long   |  | 20b. 601  |  | 20c. 438 West Sunset Road Henderson Nevada 89015   |  |   |  |
| 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) Larry M. Noble   |  |   |  | (Signature and Title)  |  |   |  |
| DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH   |  | DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH                                       |  |
| 21b. 1/9/02  |  | 21c. 1100   |  | 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. Larry Noble M.D. 343 Elm Street #400 Reno Nevada 89503  |  |   |  |  |  | 23b. K087   |  |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  | DEATH DUE TO COMMUNICABLE DISEASE  |  |   |  |
| 24a. (Signature) Katherin...   |  | 24b. JAN 11 2002  |  | 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)                                     |  |   |  |  |  |   |  |
| PART I   |  | (a) DUE TO, OR AS A CONSEQUENCE OF:   |  | Interval between onset and death   |  |   |  |
|  |  | Cardiac Arrest  |  | minutes  |  |   |  |
|  |  | (b) DUE TO, OR AS A CONSEQUENCE OF:   |  | Interval between onset and death   |  |   |  |
|  |  | Cardiac Arrhythmia  |  | minutes  |  |   |  |
|  |  | (c) DUE TO, OR AS A CONSEQUENCE OF:   |  | Interval between onset and death   |  |   |  |
|  |  | Card. myopathy  |  | year   |  |   |  |
| 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. 203310

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

SEAL

DONALD S. KWALICK, MD, M.P.H.  
 Registrar of Vital Statistics

By: *[Signature]*  
 Date Issued: JAN 17 2002

CLARK COUNTY HEALTH DISTRICT  
 625 Shadow Lane P.O. Box 3902  
 Las Vegas, Nevada 89127  
 702-383-1223  
 Tax ID# 88-0151573

0561605  
 BK1202PG09472

COPY

REQUESTED BY  
*Vickie Stroup*  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

2002 DEC 20 AM 11:46

LINDA SEALE  
RECORDER

\$ *16.00* PAID *BL* DEPUTY

0561605

BK1202PG09473