

AFFIDAVIT - DEATH OF JOINT TENANT

APN 1420-28-610-003
STATE OF NEVADA)
County of CARSON CITY)
ss.

WHEN RECORDED MAIL TO:
TYRRELL NEVILLE
1309 S. SANTA BARBARA DRIVE
MINDEN, NEV. 89423

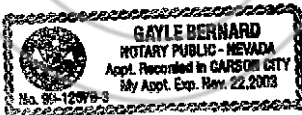
TYRRELL NEVILLE, of legal age, being first
duly sworn, deposes and says:

That ANN LYNN NEVILLE, the decedent mentioned in
the attached certified copy of Certificate of Death, is the same person as
ANN NEVILLE, named as one of the parties
in that certain GBS DEED, dated AUGUST 21, 2001
executed by SILI MAFUA AND SANDRA MAFUA, HUSBAND AND WIFE
to TYRRELL NEVILLE AND ANN NEVILLE, HUSBAND AND WIFE
as Joint Tenants, recorded as Document No. 521334 on AUGUST 24, 2001
Book 0801, Page 6568, DOUGLAS COUNTY, State of NEVADA
covering the following described property situated in DOUGLAS County,
State of NEVADA, described as follows:

LOT 47, IN BLOCK F, AS SHOWN ON THE OFFICIAL MAP OF MISSION HOT SPRINGS UNIT NO. 1,
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON
JULY 1, 1987, IN BOOK 787, PAGE 001, AS DOCUMENT NO. 157492.

That the said decedent, ANN LYNN NEVILLE is one of
the joint tenant grantees in that certain said GBS DEED
and that all interest in and to said real property is vested absolutely in affiant,
namely TYRRELL NEVILLE, A WIDOWER.

Dated: Jan 14, 2003



Tyrrell Neville
TYRRELL NEVILLE

SUBSCRIBED AND SWORN TO before me,
a Notary Public, this 14th day
of Jan, 2003, ~~20~~

Gayle Bernard
(Signature)

Name Gayle Bernard
(Typed or printed)

0563981

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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

	LOCAL FILE NUMBER		STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	1. Ann Lynn NEVILLE		2. September 13, 2002	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	
	3b. Minden		3c. 1309 S. Santa Barbara Dr.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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.	
	5. White		6.	
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	15a. Nevada Douglas		15b. Douglas	
DISPOSITION	19a. Cremation		19b. FitzHenry's Crematory	
	19c. Carson City, Nevada		19d. FitzHenry's Carson Valley Funeral	
CERTIFIER	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.	
	21b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	PART I (a) Overdose of Combined Temazepam, Carisoprodol, Citalopram and Meprobamate 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.		26. yes		
28a. Suicide		28b. 09-13-02		
28c. 0852		28d. Ingested Prescription Medication		
28e. No		28f. home		
28g. 1309 S Santa Barbara Dr. Minden NV		28h. 1309 S Santa Barbara Dr. Minden NV		



STATE REGISTRAR

No254472

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

Yvonne Sylva

Date Issued: **JAN 08 2003 056398**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 JAN 15 PM 12: 21

WERNER CHRISTEN
RECORDER

\$ 16⁰² PAID *Kx* DEPUTY

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