## AFFIDAVIT - DEATH OF JOINT TENANT

| APN 1420-28-610-003 STATE OF NEVADA )  | WHEN RECORDED MAIL TO:<br>TYRRELL NEVILLE<br>1309 S. SANTA BARBARA DRIVE<br>MINDEN, NEV. 89423 |
|--|--|
| County ofCARSON_CITY_)   |  |
| 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 o   | \ \  |
| ANN NEVILLE  | , named as one of the parties  |
| in that certainGBS DEED  | , dated AUGUST 21, 2001  |
| executed by SILI MAFUA AND SANDRA MAFUA, HU  |  |
| to TYRRELL NEVILLE AND ANN NEVILLE, HUSB.  | AND AND WIFE   |
| as Joint Tenants, recorded as Document No.   | 521334 on AUGUST 24, 2001  |
| Book 0801 , Page 6568 , DOUGLAS COUNT  |  |
| covering the following described property si   |  |
| State of NEVADA , described as f   |  |
| LOT 47, IN BLOCK F, AS SHOWN ON THE OFFICIAL FILED FOR RECORD IN THE OFFICE OF THE COUNTY JULY 1, 1987, IN BOOK 787, PAGE 001, AS DOCU   | RECORDER OF DOUGLAS COUNTY, REVIEW, ON   |
| That the said decedent, $\_$ ANN LYNN NEVILLE  | is one of  |
| the joint tenant grantees in that certain sa   | id GBS DEED  |
| and that all interest in and to said real pro  | operty is vested absolutely in affiant,  |
| namely TYRRELL NEVILLE, A WIDOWER  |  |
| Dated: Jan 14, 2003  GAYLE BERNARD  MOTIANY PUBLIC - MENADA  Appl. Reconded in CANSON GITY  Appl. Reconded in CANSON GITY  My Appl. Per. Rem. 22,2003  No. 39-12579-3  No. 201250-300000000000000000000000000000000000 | Tynnell Neville  |
| SUBSCRIBED AND SWORN TO before me, a Notary Public, this 14 H day of San, 3003, 300  |  |

Name Coule Bernard
(Typed or printed)

0563981 BK0103PG05673

## MENT 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 F                  | ILE NUMBER     |                             | '   |                                   |  |                          |  |                             |   | STATE FILE NUMBER |            |                                |  |                                  |                |                  |            |
|--|--|---|--------------------------|----------------|-----------------------------|---|-----------------------------------|--|--------------------------|--|-----------------------------|---|-------------------|------------|--------------------------------|--|----------------------------------|----------------|------------------|------------|
| TYPE<br>OR PRINT   | /  | DECEASEDNAME First  1. Ann  |                          |                |                             | Middle  |                                   | Lest                                   |                          |  |                             | DAT   | E OF DEA          | TH (Month, | Day, Year)                     | COUNTY OF DEATH  |                                  |                |                  |            |
| IN<br>PERMANENT  |  |   |                          |                |                             | Lynn  |                                   |  | NEVILLE                  |  |                             | 2 September 13, 20                            |                   |            |                                |  | 02 % Douglas                     |                |                  |            |
| BLACK INK  |  | CITY, TO  | OWN OR LOCATION OF DEATH |                |                             | HOSPITAL OR OTHER INSTITUTION-  |                                   |  |                          | Name (if not either, give street and number)               |                             |   |                   | Rm.        | p. or Inst. in<br>npationt (Sp | idicale DO<br>ecity)   | IA, OP/EI                        | mer.           | SEX              | _          |
| DECEDENT   |  | 3b.   | Minde                    |                |                             | 3c. <u>1</u>  | 309 S.                            | San                                    | ta Ba                    | rbar   |                             |   | LHNDED            | 3e.        | LINDSD                         | 1 DAY  | I DATE                           | OE BIRT        | 4 Fema           |            |
| (a) - a - a - a - a - a - a - a - a - a -  |  | RACE—(e.g., White, Black, American Indian, etc.) (Specify)  |                          |                | en Wa<br>Spi                | Was Decedent of Hispanic Origin? Specify ☐ yes Min specify Mexican, Guban, Puerto Rican, etc. |                                   |  |                          | o if yes, AGE—Last UNDER 1 YEAR Birthday (Years) MOS ODAYS |                             |   |                   |            | HOURS                          | HOURS * MINS   |                                  |                |                  |            |
|  |  |   | Vhite                    |                | 6.                          | 6. CITIZEN OF WHAT COUN- Decedent's   |                                   |  |                          | 7a. 43<br>lucation. Specify highest                        |                             |   | 7b. S             | VER MAR    | 7c.                            | :<br>Tsus  |                                  |                | per 4,1          |            |
| IF DEATH<br>OCCURRED IN  |  | (If not U.S.A., name country) 9a. California  |                          |                | TRY                         |   |                                   | grade completed.                       |                          |  |                             | WIDOWED, DIVORCED                             |                   |            |                                |  | <sup>12</sup> Terry Neville      |                |                  |            |
| jinstifutički<br>See Handbook  |  |   | lifor<br>SECURITY M      |                | 9b. U.S.A. USUAL OCCUPATION |   |                                   | (Give Kind of Work Done During Most of |                          |  |                             | 11. Married 12.                               |                   |            |                                |  | Telly Neville                    |                |                  |            |
| REGARDING<br>COMPLETION OF   |  | 13.   | 4124                     |                |                             | Working Life, Even if Retired<br>14s.   |                                   | Realtor                                |                          |  | <                           | 14b. Real Estate                              |                   |            |                                |  | \ \                              |                |                  |            |
| RESIDENCE ITEMS  | İ  | RESIDENCE—STATE   |                          |                | COUNTY                      |   |                                   |  | OWN, OR LO               | CATION   | ION                         |   | STREE             |            | ET AND NUMBER 1309             |  | S. INSIDE CITY LIM               |                | CITY LIMITS      |            |
| ↳  | ·  | 15a. ]  | Nevada                   | ,              | 15b. ]                      | ouglas  |                                   | 15c.                                   | Minde                    |  |                             |   |                   | Sant       | a Bari                         | bara   | Dr.                              |                | Yes              |            |
|  | >  | FATHER  |                          | First          |                             | Middle  |                                   | Las                                    | st                       | МОТН   | ER- <i>MAIDE</i>            | EN NA   | AME               | First      |                                | Midd   | lie                              | _              | Last             |            |
| PARENTS  | Ĺ  | 16.   |                          |                |                             |   |                                   |  |                          | 17.  |                             |   |                   |            |                                |  |                                  |                |                  |            |
|  | Ì  | INFORM  | ANT—NAME                 | (Type or Prin  | i)                          |   |                                   | М                                      | AILING ADD               | DRESS  |                             |   | (Street o         | r A.F.D. N | o., City or To                 | own, Stale   | e, Zip)                          |                | \                |            |
|  | J  | 18a. ]  | Cerry                    | Nevil:         | <u>le -</u>                 | Husban  | d<br>CEMETERY                     | 18<br>OD ODES                          | Bb. 1309                 | S.   | <u>San</u> ta               | В.  | arbar             | a Dr       | Min                            | nden   | or Town                          |                | 9423             | \ <u> </u> |
|  | $\bigcap$  | BURIAL,   |                          | N, REMOVAL.    | OTHEH                       | <i>ървсту)</i>  |                                   |  |                          |  |                             |   |                   | 190.       |                                |  |                                  |                | Nevada           | /          |
| DISPOSITION  | ĺ  | 19a.  | Cren                     | <u>nation</u>  | r.                          |   | 19b. Fi<br>FUNERAL C<br>LICENSE N |  | nry's                    |  | MATOI<br>ESS OF FA          |   | TY Dist           |            |                                | rson   |                                  |                | ey Fune          |            |
|  | ]  | (Or Porse   |                          | Such)          |                             |   | 205. 21                           |  |                          | ome,   | 139                         | ו מו  |                   |            |                                |  |                                  |                | 894 <u>10</u>    |            |
|  | $\geq$   |   | o the be                 | st of my knowl | adge, de                    | ih occurred at the  |                                   | and place                              | end                      | Omc 3  | I                           | 22a C   | On the Masi       | of examin  | nation and/o                   | r investiga  | tioprin n                        | ny opinio      | n death occurre  | ed / /     |
|  |  | ≱g 2V   | due to the               | e and Title)   | ed.<br><b>▶</b>             |   |                                   |  |                          | - 3  |                             | (Sicha  | attrefact.        |            | e-                             | 10   | 2-2                              | ic             | 270              | 60         |
|  |  | PHY   |                          | NED (Mo., Da   |                             | Н   | TH                                | Completed                              |                          |  | DATE SIGNED (Mo., Day, Yr.) |   |                   | HOU        | HOUR OF DEATH 0852             |  |                                  |                |                  |            |
| CERTIFIER  |  | SNS<br>PING<br>PING<br>PING<br>PING<br>PING<br>PING<br>PING<br>PING   | 21b.                     |                |                             | 210.  |                                   |  |                          | -   e co   | 22b.                        |   |                   |            |                                |  |                                  |                |                  |            |
| (Hamilalar   | 1  | To be Completed<br>CERTIFYING PHYSI   | NAME OF                  | ATTENDING      | PHYSICI                     | ICIAN IF OTHER THAN CERTIFIER   |                                   |  | _                        |  |                             | 09-13-02                                      |                   |            |                                |  | ONOUNCED DEAD (Hour)             |                |                  |            |
|  |  | 8   | 21d.                     | D ADDDEDO      | OF OFFI                     | ERTIFIER (PHYSICIAN, ATTENDING PHYSICIA   |                                   |  |                          | 22d. ON  |                             |   |                   |            | 22e. AT                        |  |                                  | LICENSE NUMBER |                  |            |
|  |  |   | , Ka                     | thleer         | Tao                         | lich. C   | oroner                            | 0. Bo                                  | x 218, Minden, Nv. 89423 |  |                             |   |                   |            | <sub>дзь.</sub> 066            |  |                                  |                |                  |            |
| CONDITIONS   | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE   |   |                          |                |                             |   |                                   |  |                          |  |                             |   |                   |            |                                |  |                                  |                |                  |            |
| IF ANY<br>WHICH GAVE   |  | 24a. (5)q   | nature)                  | -161           | , R                         | Harl  | an s                              | 2 110                                  | ∠). 24b.                 | lan  | uar                         | 18  | 20                | 23 24      | c. YES[                        | □ NO   | ×                                |                |                  |            |
| RISE TO<br>IMMEDIATE   | /  | 25. IMME  | DIATE CAU                | SE (EN         | TER ONL                     | ONE CAUSE   | PER LING FO                       | A (a). (b).                            | AND (E).) (              | ,  | \ /                         |   |                   | V          | L                              | and  | Interv                           | al betwe       | en Onset and de  | eath       |
| STATING THE<br>UNDERLYING  |  |   |                          |                |                             |   |                                   |  |                          |  | anu                         | <u>:                                     </u> |                   |            |                                |  |                                  |                |                  |            |
| CAUSE LAST   |  | ١.  | DUE                      | TO, OR AS A    | CONSEC                      | JENCE OF:   | · \ \                             |  |                          |  |                             |   |                   |            |                                |  | Interval between onset and death |                |                  |            |
| ┕  |  |   | (b) Me                   | probam         | ate                         | THOE OF   |                                   |  | · · ·                    |  |                             |   |                   |            |                                |  | Interval between onset and death |                |                  |            |
|  |  |   | DOE                      | IO, UH AS A    | CUNSEU                      | INSEQUENCE OF:  |                                   |  |                          | 1 1  |                             |   |                   |            |                                | The variety of the va |                                  |                |                  |            |
| CAUSE OF   | 1  | PART  | (c)                      | IGNIFICANT (   | CONDITIO                    | NS—Conditions   | contributing !                    | to death bu                            | ıt not resultir          | ng in the u  | nderlying c                 | ause g  | givon in Pa       | t 1. AUTO  | DPSY                           | (Specify<br>es or No)  | WAS                              | CASE RE        | FERRED TO        |            |
| DEATH  |  | PART I  |                          |                |                             |   |                                   |  |                          | ٠,   | /                           |   |                   |            | yes                            | es or No)  | 27.                              | NEH (S)<br>Yes | ecify Yes or No  | P)         |
| / /  |  | ACC., SI  | JICIDE, HON              | A, UNDET.      | DATE OF                     | INJURY (Mo., Da   | y, Yr.) HOUR                      | R OF INJU                              | RY                       |  |                             |   | OCCURRE           | D          | -                              |  |                                  |                |                  |            |
|  | ACC. SUICIDE HOW, UNDET, DATE OF INJURY (MG. Day, Yr.) HOUR OF INJURY OF REDINDER INVEST.  (Specify) Suicide 28b. 09-13-02 28c. 0852 M 28d. Ingested Prescription Medication |   |                          |                |                             |   |                                   |  |                          |  |                             |   |                   |            |                                |  |                                  |                |                  |            |
| INJURY AT WORK PLACE OF INJURY—At home, farm, stood, factory, office LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE (Specify Year or No)  Mit John Street Or R.F.D. No. CITY OR TOWN STATE  Mit John Street OR R.F.D. No. CITY OR TOWN STATE  Mit John Street OR R.F.D. No. CITY OR TOWN STATE  Mit John Street OR R.F.D. NO. CITY OR TOWN STATE  MIT JOHN STATE  MIT JOHN STATE  MIT JOHN STATE  MIT JOH |  |   |                          |                |                             |   |                                   |  |                          |  | STATE<br>NV                 |   |                   |            |                                |  |                                  |                |                  |            |
|  |  | 28e.  | No                       | o              | 281.                        | home  |                                   |  |                          | 28g. 1   | 309 8                       | ) S   | anta              | Daro       | ard D                          |  |                                  |                |                  |            |
| \  |  |   |                          |                |                             | 1   |                                   |  |                          |  |                             |   |                   |            |                                | No   | 25                               | 44             | 172              |            |
| \ .  | J  | NAME OF THE PARTY | 881                      |                |                             | ST  | ATE RE                            | GIST                                   | AR                       |  |                             |   |                   |            |                                |  |                                  |                | · • <del>-</del> |            |



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

ssued: JAN 0 8 2003 0563981

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