

A.P.N. # 1220-16-710-022
ESCROW NO. 020709292

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

MR. THOMAS BRIEN
P. O. BOX 134
GARDNERVILLE, NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

THOMAS F. BRIEN, of legal age, being first duly sworn, deposes and says:
That **RAE MARIE BRIEN**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **RAE MARIE BRIEN**
named as one of the parties in that certain **GRANT DEED** dated **November 23, 1971**
executed by **TORSTAN, a Nevada limited partnership**
to **THOMAS F. BRIEN and RAE MARIE BRIEN, his wife**
as joint tenants, recorded as Instrument No. **55683**, on **December 01, 1971**
in Book **94**, Page **69**, of Official Records of **DOUGLAS**
County, Nevada, covering the following described property situated in the **DOUGLAS**
County, State of Nevada:

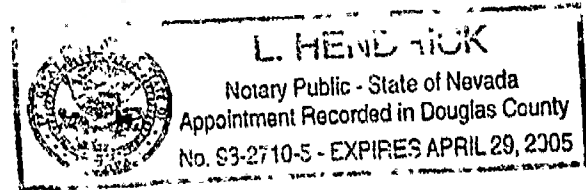
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: **January 27, 2003**

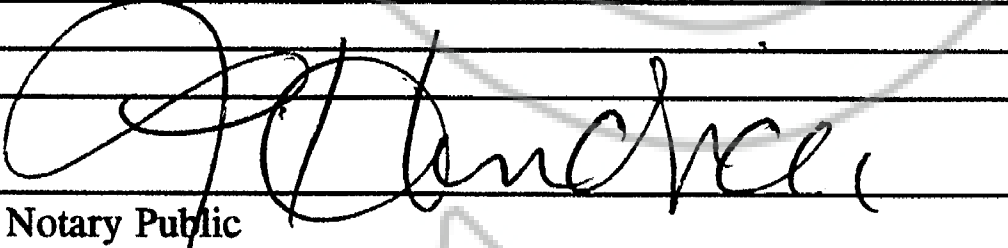


THOMAS F. BRIEN

STATE OF Nevada }
COUNTY OF DOUGLAS } ss.



This instrument was acknowledged before me on 1-27-03
by, **THOMAS F. BRIEN**

Signature 

Notary Public

0566464

BK0203PG02113

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	1. DECEASED—NAME First Middle Last RaeMarie Elaine BRIEN	
	2. DATE OF DEATH (Month, Day, Year) 2. January 1, 2003	
DECEDENT	3a. CITY, TOWN OR LOCATION OF DEATH Carson City	
	3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Tahoe Hospital	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
	4. SEX Female	
PARENTS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	
DISPOSITION	7a. AGE—Last Birthday (Years) 82	
	7b. UNDER 1 YEAR MOS : DAYS 82	
CERTIFIER	7c. UNDER 1 DAY HOURS : MINS	
	8. DATE OF BIRTH (Mo., Day, Yr.) May 8, 1920	
CAUSE OF DEATH	9a. STATE OF BIRTH (If not U.S.A., name country) Ohio	
	9b. CITIZEN OF WHAT COUNTRY U.S.A.	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	10. Decedent's Education. Specify highest grade completed. 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
STATE REGISTRAR	12. SURVIVING SPOUSE (If wife, give maiden name) Thomas Brien	
	13. SOCIAL SECURITY NUMBER 2762	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Sales Representative	
	14b. KIND OF BUSINESS OR INDUSTRY Women Clothing	
BR0203PG02114	15a. RESIDENCE—STATE Nevada	
	15b. COUNTY Douglas	
BR0203PG02114	15c. CITY, TOWN, OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 868 Arrowhead	
BR0203PG02114	15e. INSIDE CITY LIMITS (Specify Yes or No) yes	
	16. FATHER—NAME First Middle Last James DeSanto	
BR0203PG02114	17. MOTHER—MAIDEN NAME First Middle Last Katherine Legatz	
	18a. INFORMANT—NAME (Type or Print) Thomas Brien - Husband	
BR0203PG02114	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 134, Gardnerville, Nevada 89410	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
BR0203PG02114	19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory	
	19c. LOCATION City or Town State Carson City, Nevada	
BR0203PG02114	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
	20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
BR0203PG02114	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home	
	20d. 833 N. Edmonds Drive, Carson City, NV 89701	
BR0203PG02114	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> MD DATE SIGNED (Mo., Day, Yr.) 1/2/03	
	21c. HOUR OF DEATH 11:53	
BR0203PG02114	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.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour)	
	22d. ON 22e. AT	
BR0203PG02114	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Ali Bawamia, M.D., 775 Fleischmann Way, Carson City, NV 89702	
	23b. LICENSE NUMBER 9431	
BR0203PG02114	24a. REGISTRAR (Signature) <i>[Signature]</i>	
	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 3, 2003	
BR0203PG02114	24c. 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) Sepsis, urosepsis, acute cholecystitis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____	
BR0203PG02114	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
	26. AUTOPSY (Specify Yes or No) no	
BR0203PG02114	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) yes	
	28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
BR0203PG02114	28b. DATE OF INJURY (Mo., Day, Yr.)	
	28c. HOUR OF INJURY M	
BR0203PG02114	28d. DESCRIBE HOW INJURY OCCURRED	
	28e. INJURY AT WORK (Specify Yes or No)	
BR0203PG02114	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

No.231087

STATE REGISTRAR



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

Date Issued: **JAN 03 2003** **0566464**

[Signature]

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BR0203PG02114

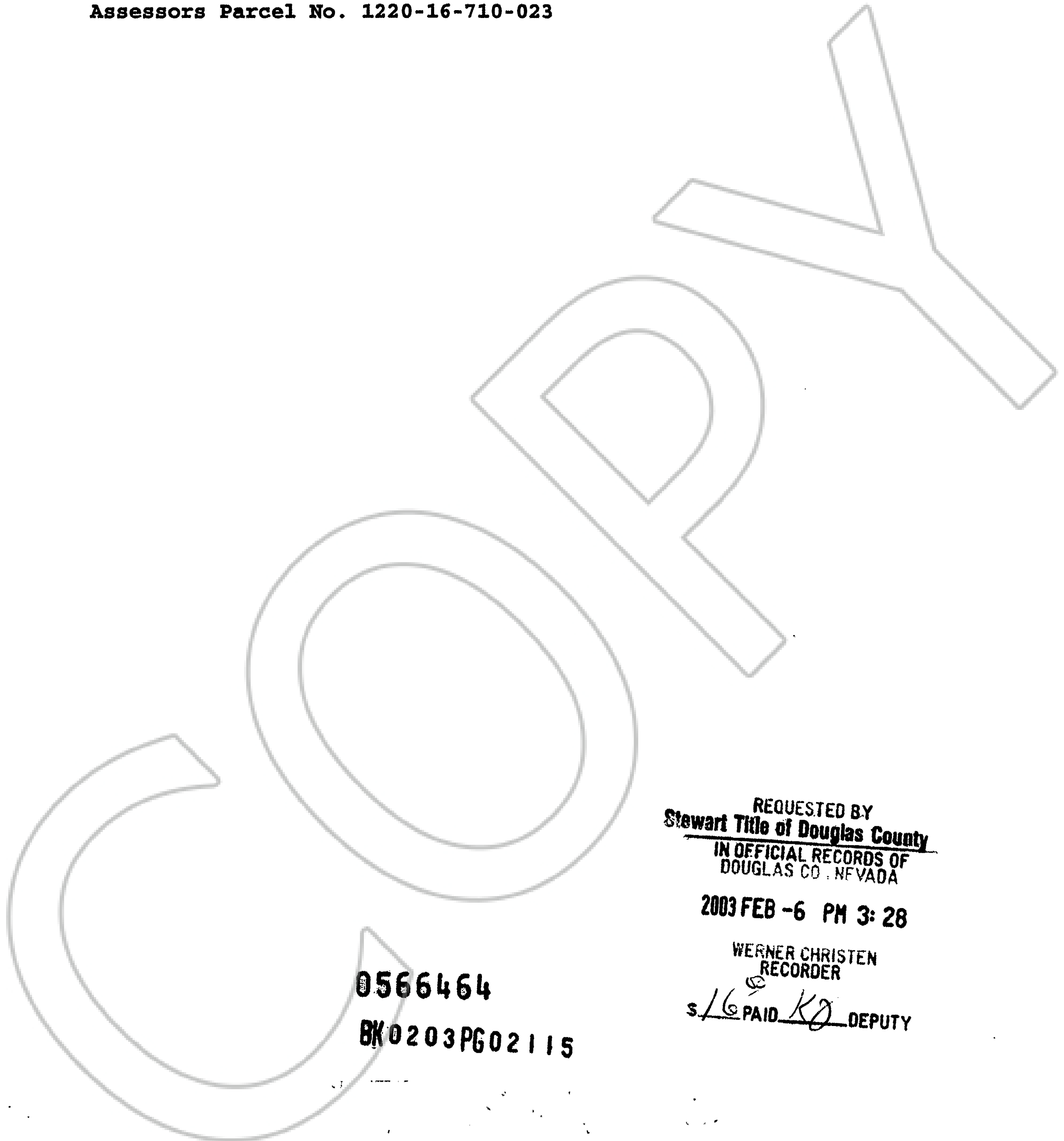
EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020709292

**Lot 23, Block A, as shown on the map of GARDNERVILLE RANCHOS
UNIT NO. 4, filed in the office of the County Recorder of
Douglas County, Nevada, on April 10, 1967, as Document No.
35914.**

Assessors Parcel No. 1220-16-710-023



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

2003 FEB -6 PM 3: 28

**WERNER CHRISTEN
RECORDER**

S/16 PAID *KJ* DEPUTY

**0566464
BK 0203 PG 02115**

