

A.P.Ns 1320-08-002-004, 1221-06-001-027, 1220-01-001-052, 1022-16-001-089
Escrow No. 23707059

When Recorded Mail To:

Grantee
c/o Marquis Title
1520 US 395 N
Gardnerville NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That DOROTHY LORENE DUTTON, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOROTHY L. DUTTON named as one of the parties in those certain documents described in Exhibit 'A' attached hereto and by this reference made a part hereof, covering the following described property situated in the County of Douglas, State of Nevada:

~~See attached exhibit B~~ as set forth in said documents

Dated: February 28, 2003

Fontella L. Kirk

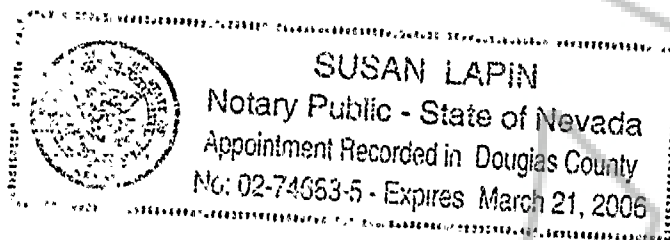
FONTELLA L. KIRK

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On March 1, 2003, before me, a notary public, personally appeared Fontella L. Kirk,
personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that
She executed the instrument.

[Signature]

Notary Public



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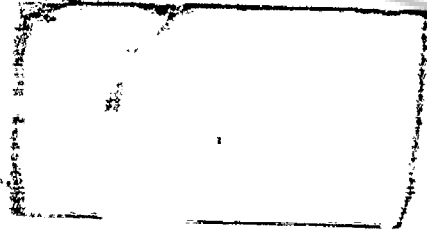


EXHIBIT 'A' - Beneficial interest under the following Deeds of Trust:

LYON COUNTY, NEVADA

Deed of Trust executed by Thomas L. Lloyd recorded November 4, 2002, as document No. 285336, Official Records (Upper Colony) *apn 10-193-13*

Deed of Trust executed by Thomas L. Lloyd, recorded November 4, 2002, as document No. 285333, Official Records (208) *apn 10-502-10*

Deed of Trust executed by High Sierra Structures, Inc. recorded July 11, 2002, as Document No. 279575, Official Records (6 Mile Canyon) *apn 16-024-22*

EL DORADO COUNTY, CA

Deed of Trust Executed by Thomas M. Lewis, recorded September 6, 2002, as Document No. 2002-0066572, Official Records (Primrose)

Deed of Trust executed by Thomas M. Lewis, recorded September 6, 2002, as Document No. 2002-0066573, Official Records. (Primrose)

DOUGLAS COUNTY, NEVADA

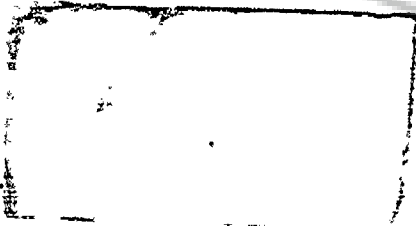
Deed of Trust Executed by Skyline Hangars Minden LLC, recorded July 18, 2002, in Book 0702, Page 5533, as Document No, 547420, Official Records. (AIRPORT) *1320-08-002-004*

Deed of Trust executed by Dale Armstrong recorded October 19, 2001, in Book 1001, Page 6412, as Document No. 0525689, Official Records. (Fish Springs) *1221-06-001-027
1220-01-001-052*

Deed of Trust executed by Robert K. Carter recorded January 31, 2003, in Book 0103 at Page 565924, Official Records (Pebble) *apn 1022-16-001-089*

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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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH	
	1.	Dorothy	Lorene	DUTTON	2. February 7, 2003		3a. Carson City	
DECEDENT	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. Am. Inpatient (Specify)	SEX		
	3b. Carson City		3c. Evergreen Health and Rehab Center		3e. Inpatient	4. Female		
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.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		7a. 89	7b.	7c.	8. April 28, 1913
PARENTS	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)		SURVIVING SPOUSE (If wife, give maiden name)
	9a. Kansas		9b. U.S.A.	10. 12		11. Widowed		12.
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. -4231		14a. Self-Employed		14b. Own Business			
CERTIFIER	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Carson City	15c. Carson City		15d. 2120 E. Long St. #304		15e. yes
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
	16. John Knox Campbell			17. Lottie Frances Chelf				
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Fontella Kirk - Sister			18b. 2120 E. Long St. #304, Carson City, NV 89706				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
	20a. <i>[Signature]</i>		20b. 217	20c. 833 N. Edmonds Drive, Carson City, NV 89701				
CAUSE OF DEATH	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) <i>[Signature]</i>			(Signature and Title) <i>[Signature]</i>				
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b. 2/11/03		21c. 0320		22b.		22c.	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
	21d.			22d. ON		22e. AT		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
	23a. David Hoskins, M.D., 1664 Hwy 395N, #201, Minden, NV						23b. 4628	
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) <i>[Signature]</i>			24b. February 12, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c.)							
	PART I (a) Respiratory Failure							
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							
	(b) Pulmonary Hypertension							
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							
	(c) Heart Failure							
CAUSE OF 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)
	CVA, Dysphagia, Hypertension, Malnutrition					26. no		27. yes
CAUSE OF DEATH	ACC. SUICIDE, HOME, UNDER INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.		28c. M		28d.	
CAUSE OF DEATH	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.231142



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

Date Issued:

MAR 04 2003

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State Registrar

[Signature]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 MAR 10 AM 9:49

WERNER CHRISTEN
RECORDER

\$ 17⁰⁰ PAID KJ DEPUTY

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