A.P.N. 1220-21-510-113 Escrow No: 23303033

AFFIDAVIT OF SURVIVORSHIP

The undersigned, JOHN P. HERZOG, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of CAROL K. HERZOG, and that the Affiant and the said CAROL K. HERZOG deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 16, day of January,2001, under the terms of which HAROLD R. ROLLINGS and FERN T. ROLLINGS, husband and wife as community property with the right of survivorship was Grantor to: JOHN P. HERZOG and CAROL K. HERZOG, as husband and wife as community property with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded February 27, 2001, in Book 0201 at Page 5446 as Document No:509459 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 160, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, ad Document No. 66512, Official Records of Douglas County, State of Nevada.

That the said CAROL K. HERZOG one of the Grantees in the Joint Tenancy Deed, died on the 23rd day of July, 2003 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, JOHN P. HERZOG, as of the date of decedent's death.

Dated:

STATE OF NEVADA COUNTY OF DOUGLAS

On Manh 7.03, before me, the undersigned, a Notary Public in and for said County, personally appeared John P. Herzog, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

JOHN P. HERZOG

Signature

NOTARY PUBLIC

DEBORAH L. ORTIZ

Notary Public - State of Nevada

Appointment Recorded in Douglas County

No: 02-74684-5 - Expires March 21, 2006

JOHN P. HERZOG 1455 KIMMERLING RD #A GARDNERVILLE, NEVADA 894**6**0

> 0570072 BK 0303PG 06589

LOCAL FILE NUMBER

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 /	LOCAL FILE NUMBER DECEASED—NAME First Middle Last		Last	DATE	STATE FILE NUMBER			
OR PRINT				1	OF DEATH (Month, Day, Year)	COUNTY OF DEA		
PERMANENT	1. Carol		Knight HERZOG		uly 23, 2002		3Carson City	
BLACK INK	CITY, TOWN OR LOCATION OF 3b. Carson City	1	HOSPITAL OR OTHER INSTITUTION—Name (If not either, giv		number) If Hosp. or Inst. ind Rm. Inpatient (Spe 3e.Inpatie	icate DOA, OP/Emer. SEX cify)	JOA, OP/Emer. SEX	
DECEDENT	RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)	ican Was Decedent of Hispanic Or	igin? Specify □ yes 🏋 no If yes, A to Rican, etc.	GE-Last	UNDER 1 YEAR UNDER	DAY DATE OF BIRTH (Mo.,		
	5. White	6.	•	rthday (Years) a. 67	MOS DAYS HOURS	8. February	28.1935	
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COU	N- Decedent's Education. Specify	highest MAR	BIED, NEVER MARRIED	SURVIVING SPOUSE (If wife, g		
OCCURRED IN	(If not U.S.A., name country) 9a. California	9b. U.S.A.	grade completed.	_ I WID	owed, DIVORCED ^{city)} Married	\ \	•	
INSTITUTION SEE HANDBOOK	SOCIAL SECURITY NUMBER		ive Kind of Work Done During Most of		MATTIEU ID OF BUSINESS OR INDUSTR	12John Philli	p Herzog	
REGARDING COMPLETION OF		Working Life, Even if Retir	red)	1		\ \		
RESIDENCE ITEMS	13. PARTIE 2817 RESIDENCE—STATE	14a.	Clerk	141	Retail Grocer			
			CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY L		
	15a. California	15b. Mono	15cJune Lake	Ĺ	15d.#3 Kno11 A	1		
PARENTS	FATHER—NAME First	Middle		R—MAIDEN NAM		Middle Las		
	16. Leonar		LaRohe 17.			ına Lee Mende	11	
	INFORMANT—NAME (Type of Pi		MAILING ADDRESS		(Street or R.F.D. No., City or To		\	
	18a. John Phillip	Herzog	18b. P.O. Box	694, J	une Lake, Cali	fornia 93529.		
	BURIAL, CREMATION, REMOVA	L, OTHER (Specify) CEMETE	RY OR CREMATORY—NAME		LOCATION	City or Town Sta	е	
Olopoolition	19a. Cremation	19b. T 3	uckee Meadows C	remator	У 19с.	Sparks Neva	da	
DISPOSITION	FUNERAL DIRECTOR—SIGNATO (Or Person Acting as Such)	JRE FUNERA	L DIRECTOR NAME AND ADDRE	SS OF FACILITY	Neptune Societ	y Of Nevada		
Ĺ						Reno, NV 8951	$_{1}\setminus$	
	Odn. To the best of my lines	wiedge, death octumed at the time, da		22a, On	the basis of examination and/or	investigation in my coinion death	occurred	
	due to the cause(s) stages		Trad MD	i sti	the time, date and place and due	to the cause(s) and manner state	d.	
	DATE SIGNED (Mo., I		EATH	DATE S	Ire and Title) SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
	21a. To the best of my knowledge, death accurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 07/23/2002 21c. 0715			0 5 22b.	POLICE CHARLES (NIC.), Bay, 11.)			
CERTIFIER	~> <u></u>	G PHYSICIAN IF OTHER THAN CERT			UNCED DEAD (Mo., Day, Yr.)	22c. PRONOUNCED DEAD (Hour)	H-7-1	
	유 뜺			وه ۱۰۰۰	onoed bend (mo., bay, m.)	THOROGROUP DEAD (FIGUR)		
		S OF CERTIFIER (PHYSICIAN, ATTER	UDING PHYSICIAN MEDICAL EYAM	22d, ON		22e. AT LICENSE NUMBER		
		Stewart M.D., 923	The state of the s	76.				
	REGISTRAR	tewart M.D., 923		75.	(Mo., Day, Yr.) DEATH DUE TO			
CONDITIONS IF ANY	1	1.1/1	1	DI REGISTRAN	· //			
WHICH GAVE RISE TO	24a. (Signature) 25. IMMEDIATE CAUSE (El	NTER ONLY ONE CAUSE PER LINE	Rep. 24b.	y 24, 2	002 24c. YES□			
IMMEDIATE CAUSE CTATING THE	25. IMMEDIATE CAUSE (EI	NIEH UNLY UNE CAUSE PEHZINE I	FOH (a), P(b), AND (c).)	\		• Interval between onset	and death	
STATING THE UNDERLYING CAUSE LAST	PART (a) Cardiac	Arrest		1		•		
CAUSE LAST	DUE TO, OR AS	A CONSEQUENCE OF:		/		• Interval between onset	and death	
	(b) Breast (Cancer with Metas	stases to brain	\		•		
	DUE TO, OR AS A	A CONSEQUENCE OF:				• Interval between onset	and death	
CAUSE OF	(c)	\ \				•		
CAUSE OF		CONDITIONS—Conditions contributing	g to death but not resulting in the unc	erlying cause give	en in Part 1. AUTOPSY	(Specify WAS CASE REFERRE	O TO	
		\ \			26. NO	27.	No No	
03	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HO	UR OF INJURY DESCRIBE	HOW INJURY O	CCURRED		***************************************	
30	(Specify) 28a	28b. 28d	. M 28d.	/				
ω C	INJURY AT WORK	PLACE OF INJURY—At home, farm	, street, factory, office LOCATION	ST	REET OR R.F.D. No.	CITY OR TOWN STATE		
3 26	(Specify Yes or No) 28e.	building, etc. (S)	<i>респу)</i> 28g.					
27			1 - 3,					
8 NN	04.80	STATE !	REGISTRAR			No. 22343	N	
5		SIAIL	TEGISTRAN				O	
S	MERIER OF the	^				***		
031	RECIETRA IS				ſ		•	
	Sant VITER RECORD!	1 >			11.	Sylva	TATE)	
		/		_	Town			
	La Company of the Com	This is to certify the	at the above is a true and	correct co	ру 🥢			
	W. CH. RWWAL.	or the certificate on	at the above is a true and file in this office.				TO SHEET WAS A	
		Date Issued:	*** - ' £UU£			State Registrar		
	AND THE RESERVE OF THE PARTY OF		STEENER STEEL			NO STUDY OF THE STATE OF THE ST		
			TIS ILLECAL TO ALTER OR CO.					



0570072 BK0303PG06591

شبق

WERNER CHRISTEN
RECORDER

PAID BL DEPUTY