

RECORDING REQUESTED BY
Western Title Company, Inc.

ORDER # 00088098 /Esc#2132000286-BNM
APN 1220-13-801-029

WHEN RECORDED MAIL TO

Name Shirley Ruddock
Street Address 972 Farrier Ct.
City State Zip Gardnerville, NV 89410

88098 99

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA NV
COUNTY OF Douglas

Shirley C. Ruddock
_____, of legal age, being first duly sworn, deposes and says:

That John C. Ruddock, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John C. Ruddock named as one of the parties in that certain Joint Tenancy Deed dated September 13, 1994, executed by Frank A. Cantrell and Marilyn J. Cantrell, husband and wife

to John C. Ruddock and Shirley C. Ruddock, husband and wife

_____ as joint tenants, and recorded on September 16, 1994, in Book/Reel 0994, at Page/Image 2425, Series Number 346233 of Official Records of Douglas County, California, covering the following described property situated in said County, State of California:

* * * See "Exhibit A" attached hereto and made a part hereof. * * *

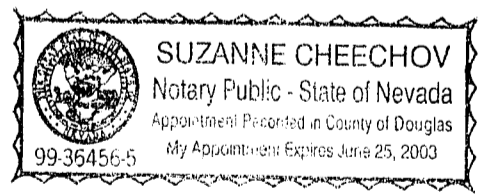
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____

Shirley C. Ruddock
Shirley C. Ruddock

Subscribed and Sworn to before me
this 2nd day of May, 2003

Signature Suzanne Cheechov
Name Suzanne Cheechov
(typed or printed)

Notary Public Commissioned for said County and State



(This area for official notarial seal)

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 108 IMAGE 498

2447

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last John Carroll RUDDOCK II			2. DATE OF DEATH (Month, Day, Year) September 29, 2002		3a. COUNTY OF DEATH Washoe
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		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.		7a. AGE—Last Birthday (Years) 74		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) March 2, 1928			
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16 Years	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Shirley Holloway			
13. SOCIAL SECURITY NUMBER 1491		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Entomologist		14b. KIND OF BUSINESS OR INDUSTRY Insects/Exterminator	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 972 Farrier Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last John Carroll Ruddock			17. MOTHER—MAIDEN NAME First Middle Last Agnes Scholl		
18a. INFORMANT—NAME (Type or Print) Shirley Ruddock - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 972 Farrier Ct., Gardnerville, NV 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To be completed by CERTIFYING PHYSICIAN 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>			22a. To be completed by Coroner's Office 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>		
21b. DATE SIGNED (Mo., Day, Yr.) 10/2/02		21c. HOUR OF DEATH 0220		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Merritt W. Dunlap, M.D., 1200 N. Mountain St., Carson City, NV			23b. LICENSE NUMBER 8077		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 3, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) Pneumonia & Bladder Cancer			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. AUTOPSY (Specify Yes or No) no		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) no
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED	
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



STATE REGISTRAR

No. 254496

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

Barbara Lee Hunt

Deputy Registrar: _____

Date: **OCT - 4 2002**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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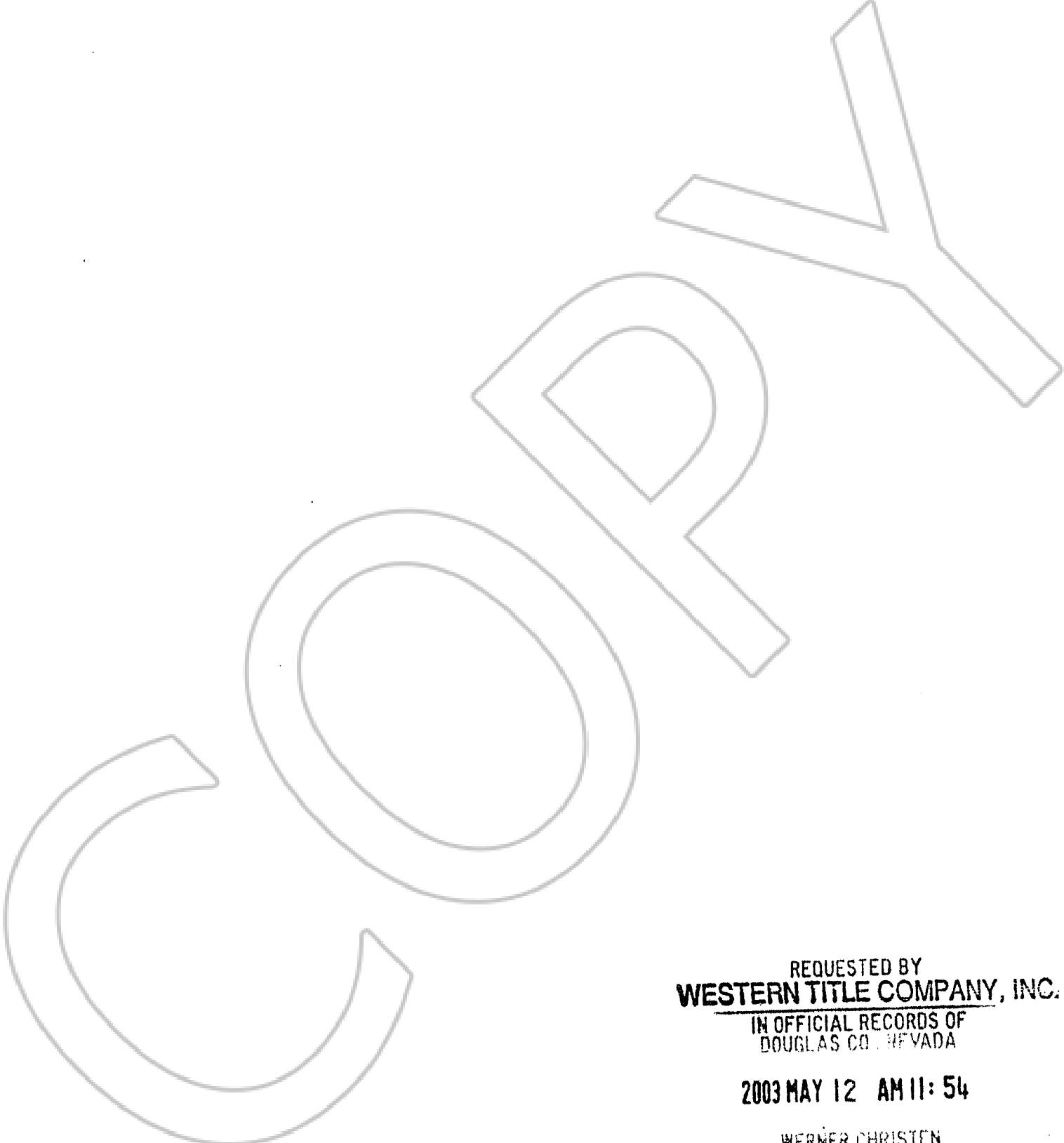
BK0503PG05457

Legal Description

All that real property situate in the County of Douglas, State of Nevada, described as follows:

A division of Lot 15 as shown on Ruhenstroth Ranchos Subdivision, recorded as Plat No. 27706, and being a portion of the Southeast ¼ of Section 13, Township 12 North, Range 20 East, M. D. B. & M., Douglas County, Nevada further described as:

Parcel 15-B of Parcel Map for Robert Diullo, recorded in the office of the County recorder on March 1, 1994, in Book 394, at Page 283, as Document No. 331330.



REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 MAY 12 AM 11:54

WERNER CHRISTEN
RECORDER

16 PAID *KJ* DEPUTY

0576448

BK 0503 PG 05458