When recorded, mail to: George M. Keele
1692 County Road, #A
Minden, NV 89423

'APN:1221-05-001-006

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE	OF	N	IEVADA	)	
				:	SS
COUNTY	ΟĒ	7	DOUGLAS	)	

- I, LOUISE N. HOWES, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. I am LOUISE N. HOWES, the same person named as LOUISE N. HOWES, one of the grantees named in that certain Grant, Bargain and Sale Deed recorded as Document No. 099114 in Book 484, Page 230, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 2281 Jacobsen Lane, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Being a portion of the Northwest 1/4 of Section 5, Township 12 North, Range 21 East, M.D.B.&M., more particularly described as follows:

Parcel 1 of Record of Survey for STODDARD JACOBSEN, recorded June 6, 1980, as Document No. 45138.

Assessor's Parcel No. 1221-05-001-006

0578444 BK 0503 PG 15903

JAMES H. HOWES, also one of the grantees named in said 3. deed, is the identical JAMES H. HOWES named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on December 3, 2002, in · Washoe County, Nevada.

LOUISE N. HOWES

SIGNED AND SWORN TO (or affirmed)

before me on  $\mathcal{M}$ May 6. Baldocchi



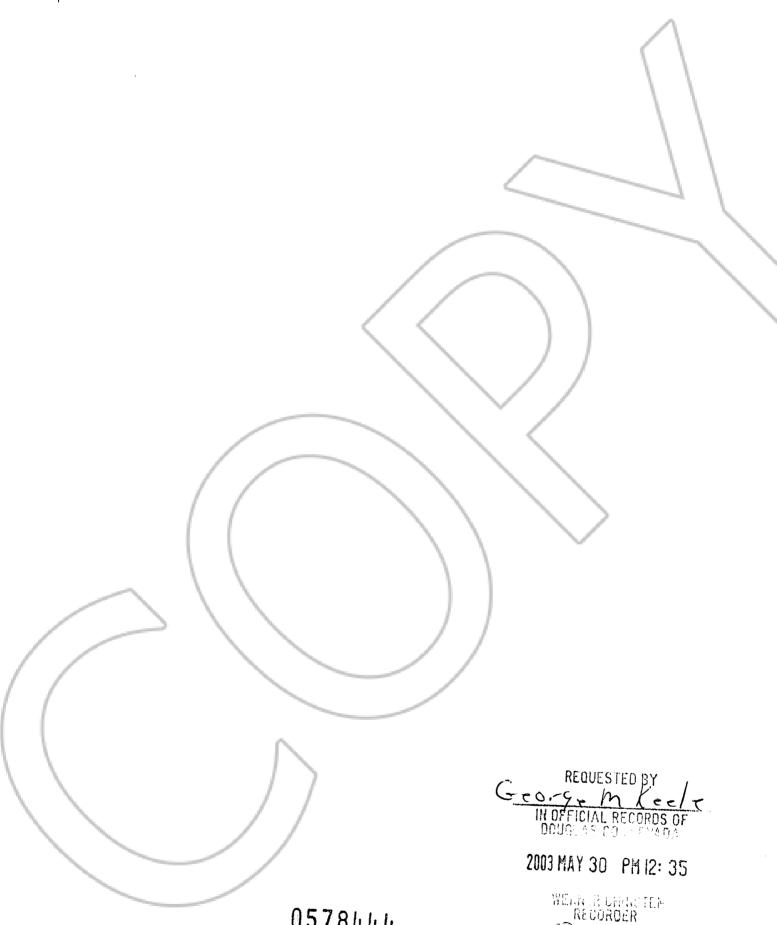
0578444 BK 0503 PG 15904

## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

	ROLL 109 II	, MAGE <sup>*</sup> 116			ATE OF DEA	ATH			
	LOCAL FILE		303	56				STATE FILE	NUMBER
TYPE OR PRINT	DECEASED—NAME	First	Middle	La	st	DATE OF DEATH (M	onth, Day, Year)	COUN	ITY OF DEATH
IN PERMANENT		mes	н.	HOW		2.December	3, 2002	За.	Washoe
BLACK INK	CITY, TOWN OR LOCAT	ION OF DEATH	HOSPITAL OR C	OTHER INSTITUTION—Name	If not either, give stre	eet and number)	Hosp. or Inst. indica	ate DOA, OP/Emer.	SEX
	3b. Reno		₃c. Washo	e Medical Cen	ter		e. Inpatie	27.1	4 Male
DECEDENT	RACE—(e.g., White, Blace Indian, etc.) (Spe	k, American W	/as Decedent of Hispan pecify Mexican, Cuban,	ic Origin? Specify 🗀 ves 📆 no	If yes, AGE-Last		AR UNDER 1 C	DAY DATE OF B	IRTH (Mo., Day, Yr.)
	5. White	(city)   Sp		Puerto Rican, etc.	7a. 71	ears) MOS DA	YS HOURS N	Th. 1	13, 1931
IF DEATH	STATE OF BIRTH		CITIZEN OF WHAT	COUN- Decedent's Education		MARRIED, NEVER WIDOWED, DIVOR	•		SE (If wife, give malden name)
OCCURRED IN	(If not U.S.A., name coun	try)	TRY	grade completed.	7	WIDOWED, DIVOR	CED	1 \ \	
INSTITUTION SEE HANDBOOK	9a. Canada SOCIAL SECURITY NUM	IRER	9b. U.S.A.	N (Give Kind of Work Done Du	ring Most of		SS OR INDUSTRY	12.Louise	NoeT
REGARDING COMPLETION OF			Working Life, Even if	Retired)	,			\ \	
RESIDENCE ITEMS	13. RESIDENCE—STATE	69 TCOUNT		eneral Contrac			nstructio		SIDE CITY LIMITS
			ř.	,		SIREE	AND NUMBER 2		pecify Yes or No)
	∖ 15a. Nevada		Douglas	15c. Gardne			acobsen L		700
PARENTS	FATHER—NAME	First	Middle	Last	MOTHER-MAIDE	N NAME Firs	Name of the last o	Middle	Last
Canal Control		lter	L.	Howes	17.	Lill	У	H	arrison
	INFORMANT-NAME (Ty	pe or Print)		MAILING ADD	RESS	(Street or R.F.	D. No., City or Town	, State, Zip)	
	18a. Louise	Howes		18b. 228	l Jacobse	n Lane, G	ardnervil	le. Neva	da 89410
	BURIAL, CREMATION, R		(Specify) CEN	ETERY OR CREMATORY-N		1 10110	LOCATION	City or Town	State
	<sup>19a.</sup> Burial		190.	Happy Homest	and Comet	ory	19c South T	ake Taho	e,California
DISPOSITION:	FUNERAL DIRECTOR—S		FUN	ERAL DIRECTOR I NAME AL	ND ADDRESS OF FA				ley Funeral
	(Or Person Acting as Suc	h)	20b.	NSE NUMBER 20c. Ho	1200	1			76. 367
		my knowledge, de	ath occurred at the time		ome, 1380	Hwy 395,0	sardnervi	LIE, NEV	ada 89410
	due to the cau	ise(s) stated.	211	1011	· 16	22a. On the basis of e at the time, date		the cause(s) and m	anner stated.
	Signature and	d Title)   O (Mo,, Day, Yr.)		OF DEATH		(Signature and Title)		LIQUE OF SEATH	
	EG DATE SIGNED	/ /			comple ner's O	DATE SIGNED (Mo., I	Jay, Yr.)	HOUR OF DEATH	
CERTIFIER	21b. / ∠	?/5/vr	21c.	- 2130	0 0 2	22b.		22c.	
	NAME OF AT	TENDING PHYSIC	IAN IF OTHER THAN O	CERTIFIER (Type or Print)	B 년	PRONOUNCED DEAD	(Mo., Day, Yr.)	PRONOUNCED DE	AD (Hour)
			and the same of th	The state of the s		22d. ON		22e. AT	
	NAME AND A	DDRESS OF CER	TIFIER (PHYSICIAN, A	TTENDING PHYSICIAN, MEDI	CAL EXAMINER, OR	CORONER). (Type o	r Print.)	LICENSE	NUMBER
ļ	23a. F.	Roy MacK	intosh, M.	D. 1500 E. Se	econd St.	#302,Ren	NV 8950	2 23ь. 4	302
CONDITIONS	REGISTRAR	3/1.	2.1	DATE	RECEIVED BY REGI	STRAR (Mo., Day, Yr.)	DEATH DUE TO	COMMUNICABLE DI	SEASE
IF ANY WHICH GAVE RISE TO	24a. (Signature)	Hund (	1 Mill.	Dep. 24b. D	ecember 9	2002	24c. YES	NO 🕞	
MMHHHAIF /	25. IMMEDIATE CAUSE	(ENTER ONL	Y ONE CAUSE PER L	INE FOR (a), (b), AND (c).)	$\overline{}$				ween onset and death
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a)			1 50	17/1C 5	hist		. ,	days
CAUSE LAST		OR AS A CONSEC	QUENCE OF:		3772 3	1000		Interval bets	ween onset and death
1	(	\	\	- L		las de	100101	`: /	140
<b>→</b>	} (b)	OR AS A CONSEC	QUENCE OF:	aux	e mye	ard lev	VOV16	• Interval heth	ween onset and death
								interval be	peen onset and dead
CAUSE OF	(c)	IEICANT CONDITI	ONS Conditions contri	buting to death but not resulting	- In the standard standard	and the Book of State			
DEATH	PART OTHER SIGN	IFICANT CONDITI	ONS—Conditions contri	builing to death but not resulting	g in the underlying cal	luse given in Part 1.7	AUTOPSY (Sp Yes o	pecify WAS CASE or No) CORONER	REFERRED TO (Specify Yes or No)
							26. NO	27. No	
- / L	ACC., SUICIDE, HOM., U OR PENDING INVEST.	NDET., DATE OF	F INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJ	URY OCCURRED			
-/ Y	(Specify) 28a.	28b.	The State of the S	28c. M	28d.				
1 1	A A A A IS SK	PLACE	OF INJURY—At home, building, etc.	farm, street, factory, office	LOCATION.	STREET OR R.F.	D. No. C	CITY OR TOWN	STATE
	TOL COURS	28f.			28g.				
			Λ.					1 220	700
			STATE	REGISTRAR			ľ	<b>10.</b> 229	123
\ <b>~</b>  \$			Jini						
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			inis is to ce	tify that the above	is a true and	riegar copy or	me cermica	ne on me m	mis office.
			_/ /	Subara 2	0 11	-6		TEC 18 2	
		Deput	y Registrar: 🔟	Saware L	se Alls	nt	Date:	DEC 1 ? 21	
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	Name of the second			G: IT IS ILLEGAL TO ALTE		1.1		V.	
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			J	010444	DV 0 2	037613	י ב טיכו	<b>,</b>	iati,
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