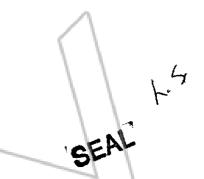
APN 1220-15-510-011 (Old APN 0000-27-742-010)

RECORDING REQUESTED BY AND AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle Attorney at Law 1662 Highway 395, Suite 214 Minden, NV 89423

MAIL TAX STATEMENTS TO: CHRISTINE A. HENRICKSEN P.O. Box 1078 Gardnerville, NV 89410



AFFIDAVIT OF DEATH OF JOINT TENANT

I, LILLIAN S. RUMRILL, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as EDMUND O. RUMRILL, who is named with me as one of the parties in the deed dated July 14, 1994, executed by William E. Pearson and Pauline F. Pearson, husband and wife as joint tenants, and granted to EDMUND O. RUMRILL AND LILLIAN S. RUMRILL husband and wife as joint tenants with right of survivorship as to an undivided 75% interest, recorded as Instrument No. 342547 on July 26, 1994, in Book 0794, Page 3761, Recorders Office of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

all that real property in County of Douglas, State of Nevada, being Assessor's Parcel Number 27-742-01, specifically described as:

Lot 19, as said lot is shown on the map of the Official Plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

APN 1220-15-510-011 (Old APN 0000-27-742-010)

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Affidavit of Death of Joint Tenant-NV-APN1220-15-510-011-ER.doc Page 1 of 2

0578536 BK 0603PG00072

| State of CACIFORUIF) County of Les AUGRES Subscribed and sworn to (or affirmed) before me |
|---|
| Subscribed and sworn to (or affirmed) before me |
| this |
| Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. |
| Description of Attached Document Title or Type of Document AFDAVI of DEACH of Journal Plans Document Date: 3/28/2003 Number of Pages: 3 |
| Signer(s) Other Than Named Above: |

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registra

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FEB 11 1998

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



0578535 BK0603PG00076 WERNER CHRISTEN
RECORDER
S PAID DEPUTY

APN 1220-15-510-011 (Old APN 0000-27-742-010)

RECORDING REQUESTED BY AND AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle Attorney at Law 1662 Highway 395, Suite 214 Minden, NV 89423

MAIL TAX STATEMENTS TO: CHRISTINE A. HENRICKSEN P.O. Box 1078 Gardnerville, NV 89410



AFFIDAVIT OF DEATH OF JOINT TENANT

I, LILLIAN S. RUMRILL, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as EDMUND O. RUMRILL, who is named with me as one of the parties in the deed dated July 14, 1994, executed by William E. Pearson and Pauline F. Pearson, husband and wife as joint tenants, and granted to EDMUND O. RUMRILL AND LILLIAN S. RUMRILL husband and wife as joint tenants with right of survivorship as to an undivided 75% interest, recorded as Instrument No. 342547 on July 26, 1994, in Book 0794, Page 3761, Recorders Office of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

all that real property in County of Douglas, State of Nevada, being Assessor's Parcel Number 27-742-01, specifically described as:

Lot 19, as said lot is shown on the map of the Official Plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

APN 1220-15-510-011 (Old APN 0000-27-742-010)

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Affidavit of Death of Joint Tenant-NV-APN1220-15-510-011-ER.doc Page 1 of 2

> 0**578**53*6* BK0603PG0007**2**

| 2.) As a result of the death of my husband EDMUND O. RUMRILL, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the remaining surviving joint tenant, I am now the owner of the above-described real property, and possess seventy-five percent (75%) ownership over such property. |
|---|
| IN WITNESS WHEREOF, dated! Mar 2D , 2003. |
| LORian I Reums. |
| LILLIAN S. RUMRILL |
| |
| CERTIFICATE OF NOTARY PUBLIC |
| State of CALIFORNIA |
| County of JOS ANGERES) |
| On 3/28/2003, before me, a notary public for said state and county, personally appeared LILLIAN S. RUMRILL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged that he/she/they executed it. I declare under penalty of perjury that the person(s) whose name(s) is/are subscribed to this instrument appear(s) to be of sound mind and under no duress, fraud or undue influence. |
| Signed and Sworn to before me |
| on 3-28—, 2003 by LILLIAN S. RUMRILL. |
| THE ATTACHED EMPOSSED ACENCIENTED WITNESS my hand and official seal. |
| WITNESS my hand and official seal. |
| 3/20/2003 |

NOTARY PUBLIC

Affidavit of Death of Joint Tenant-NV-APN1220-15-510-011-ER.doc Page 2 of 2

057853**5** BK0603PG00073

| RAT | |
|--|---|
| State of <u>CACIFORUM</u> County of <u>Les AUGRES</u> ss. | |
| | Subscribed and sworn to (or affirmed) before me |
| | this |
| | (1) LILIAU S. RUMPILL |
| | Name of Signer(s) |
| DON BLAIN COMM. #1287687 NOTARY PUBLIC-CALIFORNIA LOS ANGELES COUNTY My Comm. Exp. Jan. 15, 2005 | Name of Signer(s) Signature of Notary Public SEAL |
| | |
| | — OPTIONAL aw, it may prove valuable to persons relying on the document and could prevent reattachment of this form to another document. |
| | RIGHT THUMBPRINT OF SIGNER #1 OF SIGNER #2 |
| Description of Attached Document | Top of thumb here Top of thumb here |
| Title or Type of Document | DEACH OF JOINT FRANK |
| Document Date: 3/28/2003 Nur | mber of Pages: |
| Signer(s) Other Than Named Above: | |
| | |

Prod. No. 5914

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057853**5** BK0603PG00074

Reorder: Cail Toll-Free 1-800-876-6827

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

239-34748-

| | STATE OF GALIFORNIA. USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS LOCAL REGISTRATION NUMBER | |
|-------------------------|--|-------------|
| | TE FILE NUMBER VS-11 (REV. 7/07) | |
| DECEDENT | Edmand Oran Rumrill | |
| | C. DATE OF BIRTH MM/DD/CCYY S. AGE YRS. IF UNDER 1 YEAR IF UNDER 24 HOURS 6. SEX 7. DATE OF DEATH MM/DD/CCYY 8. HOUR | نساً |
| | Male '02/06/1998 U800 ' | 7 |
| | 9. STATE OF BIRTH 10. SOCIAL SECURITY NO. 11. MILITARY SERVICE |) |
| RSONAL | MA 5537 X YES NO UNK Married 10 | |
| | 14, RAGE 15. HISPANIC—SPECIFY 16. USUAL EMPLOYER | |
| | White YES X NO Self Employed 18. KIND OF BUSINESS 19. YEARS IN OCCUPATION | |
| - [| | • |
| | Owner/Operator Plastering 35 SEA | L, |
| | Acord Otherstone Persi | |
| SIDENCE | 16348 Citrustree Road 21. CITY 22. COUNTY 23. ZIP CODE 24. YRS IN COUNTY 25. STATE OR FOREIGN COUNTRY | |
| | Whittier Los Angeles 90603 60 California | |
| | 26. NAME, RELATIONSHIP 27. MAILING ADDRESS (STREET AND HUMBER OF RURAL ROUTE NUMBER, CITY OF TOWN, STATE AND | |
| ORMANT | Lillian S. Rumrill, Wife 10548 Citiastice Road, Wife 10548 | |
| | 28. NAME OF SURVIVING SPOUSE—FIRST | 1 |
| SPOUSE | Lillian S. Danielian 31. NAME OF FATHER—FIRST 32. MIDDLE 33. LAST 34. BIRTH STATE | 1 |
| AND PARENT | Dumui 11 | |
| ORMATION | George | |
| | Winifred - McHugh MA | V |
| | 39. DATE M M / D D / C C Y Y 40. PLACE OF FINAL DISPOSITION | 6 |
| DISPOSITION(S) | 02/10/1998 Rose Hills Memorial Park, 3888 S. Workhall Hill Rd., Whitelet, GA 30001 | C |
| UNERAL | 41. TYPE OF DISPOSITION(S) | \tilde{c} |
| RECTOR | BU 44. NAME OF FUNERAL DIRECTOR 45. LICENSE NO. 46. PUSNATURE OF LOCAL PEGISTRAR 47. DATE M M / D D / C C Y Y | |
| LOCAL GISTRAR | FD-970 100 02/10/1998 18V | |
| | 101. PLACE OF DEATH 102. IF HOSPITAL, SPECIFY ONE: 103. FACILITY OTHER THAN HOSPITAL: 104. COUNTY | 0 |
| PLACE | Whittier Hospital Med. Ctr. | _ |
| OF DEATH | 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) | ů |
| | 15151 Janine Dr. Whittier | |
| | 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. AND D) TIME INTERVAL BETWEEN ONSET AND DEATH YES X NO | C 4 - 1 - 1 |
| | IMMEDIATE | • |
| | CAUSE (A) Respiratory Failure 2 Days 109. BIOPSY PERFORMED | |
| | DUE TO (B) Coro's royas cular Accident | 0 |
| | DUE TO (B) Cerebrovascular Accident 2 Years Yes No | |
| CAUSE OF | DUE TO (C) Intracerebral Hemorrhage (Non Traumatic) 2 Years YES X No | |
| DEATH | 111, USED IN DETERMINING CAUSE | 10 |
| | DUE TO (D) YES X NO | |
| | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 | 3 |
| | None 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR \$12? IF YES, LIST TYPE OF OPERATION AND DATE. | 85 |
| | | |
| , Jan 19 | NO 114, I CERTIFY THAT TO THE BEST OF MY KNOWL- 115. SIGNATURE AND TITLE OF CERTIFIER 116, LICENSE NO. 117. DATE M M / D D / C C Y Y | |
| PHYSI- | EDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. A36824 02/06/1998 | U.) |
| CIAN'S CERTIFICA | | |
| | 01/27/1996 02/04/1998 Iftikhar Khan MD, 101 W. Beverly Blvd., Montebello, CA 90640 | |
| TION | 1 The second sec | |
| TION | I CERTIFY THAT IN MY OPINION DEATH 120, INJURY AT WORK 121, INJURY DATE M M / D D / C C Y Y 122, HOUR 123, PLACE OF INJURY OCCURRED AT THE HOUR, DATE AND PLACE | |
| TION | I CERTIFY THAT IN MY OPINION DEATH 120, INJURY AT WORK 121, INJURY DATE M M / D D / C C Y Y 122, HOUR 123, PLACE OF INJURY OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. YES NO | |
| TION | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y Y 122. HOUR 123. PLACE OF INJURY 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | |
| 15/F | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y Y 122. HOUR 123. PLACE OF INJURY 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 15 PENDING COULD NOT BE | |
| 17/4 | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y Y 122. HOUR 123, PLACE OF INJURY 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | |
| 15 F | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING COULD NOT BE 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) | |
| ORONER'S | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING COULD NOT BE DETERMINED | |
| 15 F | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE MM/DD/CCYY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER CENSUS TRACT | |
| ORONER'S USE ONLY | I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE COULD NOT BE ACCIDENT PENDING COULD NOT BE 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER A B C D E F G H FAX AUTH. # CENSUS TRACT Q18—15715 | · |

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

DATE ISSUED O

055

, 11 1838

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0578535 BK 0603PG00076 REQUESTED BY IN OFFICIAL RECORDS OF DOUGLAS CO. VEVADA

2003 JUN -2 AM 9: 32

WERNER CHRISTEN
RECORDER

PAID DEPI