

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

SEAL

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, Records 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.

0578536

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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.

LS

IN WITNESS WHEREOF, dated Mar 28, 2003.

SEAL

Lillian S. Rumrill
LILLIAN S. RUMRILL

CERTIFICATE OF NOTARY PUBLIC

State of CALIFORNIA)

County of LOS ANGELES)

On 3/28/2003, 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.

X SEE ATTACHED, EMBOSSED ACKNOWLEDGEMENT

WITNESS my hand and official seal.

DB 3/28/2003

NOTARY PUBLIC

0578536

BK0603PG00073

JURAT

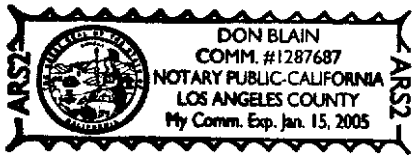
State of CALIFORNIA
County of LOS ANGELES } ss.

Subscribed and sworn to (or affirmed) before me
this 28th day of MARCH, 192003, by us.

(1) LILLIAN S. RUMRILL
Name of Signer(s)

(2) _____
Name of Signer(s)

Don Blain
Signature of Notary Public



SEAL

SEAL

OPTIONAL

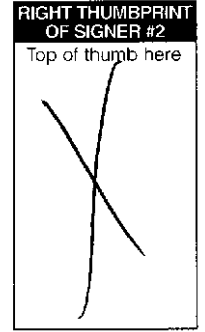
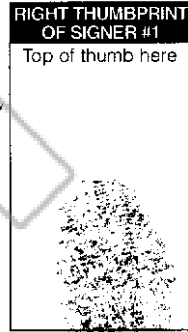
Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF DEATH OF JOINT TENANT

Document Date: 3/28/2003 Number of Pages: 3

Signer(s) Other Than Named Above: NONE



0578536

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

239-39748-71

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 7/87)				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Edmund		2. MIDDLE Oran		3. LAST (FAMILY) Rumrill					
	4. DATE OF BIRTH M/M/DD/C/YY 10/09/1922		5. AGE YRS. 75		6. SEX Male		7. DATE OF DEATH M/M/DD/C/YY 02/06/1998			
	9. STATE OF BIRTH MA		10. SOCIAL SECURITY NO. 5537		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK		12. MARITAL STATUS Married			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER Self Employed		13. EDUCATION—YEARS COMPLETED 10			
USUAL RESIDENCE	17. OCCUPATION Owner/Operator		18. KIND OF BUSINESS Plastering		19. YEARS IN OCCUPATION 35					
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 16348 Citrustree Road									
	21. CITY Whittier		22. COUNTY Los Angeles		23. ZIP CODE 90603	24. YRS IN COUNTY 60	25. STATE OR FOREIGN COUNTRY California			
INFORMANT	26. NAME, RELATIONSHIP Lillian S. Rumrill, Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 16348 Citrustree Road, Whittier, CA 90603							
	28. NAME OF SURVIVING SPOUSE—FIRST Lillian		29. MIDDLE S.		30. LAST (MAIDEN NAME) Daniellian					
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST George		32. MIDDLE -		33. LAST Rumrill		34. BIRTH STATE MA			
	35. NAME OF MOTHER—FIRST Winifred		36. MIDDLE -		37. LAST (MAIDEN) McHugh		38. BIRTH STATE MA			
	39. DATE M/M/DD/C/YY 02/10/1998		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park, 3888 S. Workman Mill Rd., Whittier, CA 90601							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF FUNERAL DIRECTOR Daniel Malone		43. LICENSE NO. 8268					
	44. NAME OF FUNERAL DIRECTOR Rose Hills Mortuary		45. LICENSE NO. FD-970		46. SIGNATURE OF LOCAL REGISTRAR Mark [Signature]		47. DATE M/M/DD/C/YY 02/10/1998			
PLACE OF DEATH	101. PLACE OF DEATH Whittier Hospital Med. Ctr.		102. IF HOSPITAL SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OGA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles			
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 15151 Janine Dr. Whittier									
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
	IMMEDIATE CAUSE (A) Respiratory Failure		2 Days		108. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (B) Cerebrovascular Accident		2 Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (C) Intracerebral Hemorrhage (Non-Traumatic)		2 Years		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No										
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/DD/C/YY M/M/DD/C/YY 01/27/1996 02/04/1998		115. SIGNATURE AND TITLE OF CERTIFIER [Signature] MD		116. LICENSE NO. A36824	117. DATE M/M/DD/C/YY 02/06/1998				
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Iftikhar Khan MD, 101 W. Beverly Blvd., Montebello, CA 90640									
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		121. INJURY DATE M/M/DD/C/YY		122. HOUR			
	123. PLACE OF 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 [Signature]		127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. # 918-15715	CENSUS TRACT 910023393

SEAL

LS

BK0603 PG 0075

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P. 107

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.

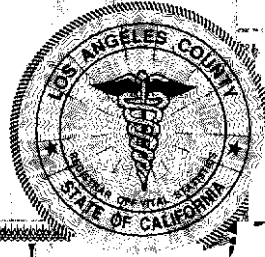
DATE ISSUED

055

FEB 11 1998

Director of Health Services and Registrar

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



COPY

REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JUN -2 AM 9: 32

WERNER CHRISTEN
RECORDER

S. 18⁰³ PAID *18* DEPUTY

0578535
BX0603PG00076

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

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P.O. Box 1078
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SEAL
K.S.

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, Records Office of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

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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.

0578536

BK0603PG00072

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 28, 2003.

SEAL

Lillian S. Rumrill
LILLIAN S. RUMRILL

CERTIFICATE OF NOTARY PUBLIC

State of CALIFORNIA)

County of LOS ANGELES)

On 3/28/2003, 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.

** SEE ATTACHED, EMBOSSED ACKNOWLEDGE MEAT*
WITNESS my hand and official seal.

DB 3/28/2003

NOTARY PUBLIC

0578536

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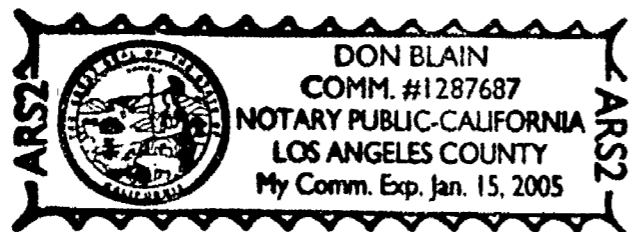
JURAT

State of CALIFORNIA
County of LOS ANGELES } ss.

Subscribed and sworn to (or affirmed) before me
this 28th day of MARCH, 2003, by LS.

(1) LILLIAN S. RUMRILL
Name of Signer(s)

(2) _____
Name of Signer(s)



Don Blain
Signature of Notary Public

SEAL
SEAL

OPTIONAL

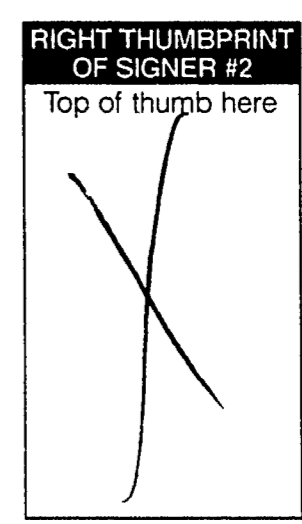
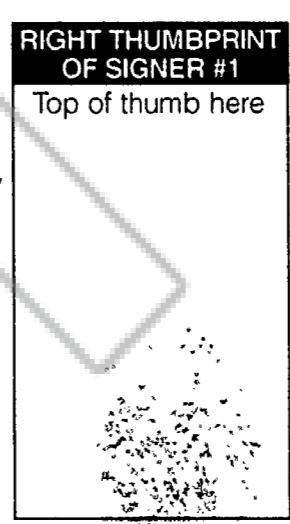
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Description of Attached Document

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Document Date: 3/28/2003 Number of Pages: 3

Signer(s) Other Than Named Above: NONE



0578536
BK0603PG00074

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

239-39948-71

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VB-11 (REV. 7/97)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Edmund		3. LAST (FAMILY) Rumrill	
2. MIDDLE Oran		7. DATE OF DEATH M/M/DD/CCYY 02/06/1998	
4. DATE OF BIRTH M/M/DD/CCYY 10/09/1922		8. HOUR 0800	
5. AGE YRS. 75		6. SEX Male	
9. STATE OF BIRTH MA		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NO. 5537		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 10		14. RACE White	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Owner/Operator		18. KIND OF BUSINESS Plastering	
19. YEARS IN OCCUPATION 35		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 16348 Citrustree Road	
21. CITY Whittier		22. COUNTY Los Angeles	
23. ZIP CODE 90603		24. YRS IN COUNTY 60	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Lillian S. Rumrill, Wife	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 16348 Citrustree Road, Whittier, CA 90603		28. NAME OF SURVIVING SPOUSE—FIRST Lillian	
29. MIDDLE S.		30. LAST (MAIDEN NAME) Danielian	
31. NAME OF FATHER—FIRST George		32. MIDDLE -	
33. LAST Rumrill		34. BIRTH STATE MA	
35. NAME OF MOTHER—FIRST Winifred		36. MIDDLE -	
37. LAST (MAIDEN) McHugh		38. BIRTH STATE MA	
39. DATE M/M/DD/CCYY 02/10/1998		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park, 3888 S. Workman Mill Rd., Whittier, CA 90601	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Darryl Malone</i>	
43. LICENSE NO. 8268		44. NAME OF FUNERAL DIRECTOR Rose Hills Mortuary	
45. LICENSE NO. FD-970		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i>	
47. DATE M/M/DD/CCYY 02/10/1998		101. PLACE OF DEATH Whittier Hospital Med. Ctr.	
102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL	
104. COUNTY Los Angeles		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 15151 Janine Dr.	
106. CITY Whittier		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) Respiratory Failure		TIME INTERVAL BETWEEN ONSET AND DEATH 2 Days	
DUE TO (B) Cerebrovascular Accident		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Intracerebral Hemorrhage (Non Traumatic)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) None		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 01/27/1996	
115. SIGNATURE AND TITLE OF CERTIFIER <i>Iftikhar Khan</i>		116. LICENSE NO. A36824	
117. DATE M/M/DD/CCYY 02/06/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Iftikhar Khan MD, 101 W. Beverly Blvd., Montebello, CA 90640	
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF 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 <i>436</i>	
127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 918-15715	
CENSUS TRACT 910023393			

SEAL

LS

BK0603 PG 0075

0578536

BK0603 PG 0075

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.

DATE ISSUED 055

FEB 11 1998

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 JUN -2 AM 9: 32

WERNER CHRISTEN
RECORDER

S. *18⁰³* PAID *12* DEPUTY

0578535
BK0603PG00076

