

A.P.N. # 1220-21-710-008
ESCROW NO. 030102613

Assessor RECORDING REQUESTED BY:
STEWART TITLE COMPANY

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 AUG 11 PM 3:14

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID BL DEPUTY

WHEN RECORDED MAIL TO:

MARION E. DELAHAY
6099 JODETTE DRIVE
GARDNERVILLE, NV 89460

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

MARION E. DELAHAY, of legal age, being first duly sworn, deposes and says: That BENJAMIN T. DELAHEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BENJAMIN T. DELAHEY named as one of the parties in that certain GRANT DEED dated June 03, 1996 executed by VICTORIA J. FORD to BENJAMIN T. DELAHAY & MARION E. DELAHAY, HIS WIFE AS as joint tenants, recorded as Instrument No. 390874, on June 26, 1996 in Book 0696, Page 4596, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:

Lot 71, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

DATE: July 15, 2003

Marion E Delahay
MARION E. DELAHAY

STATE OF Nevada }
 } ss.
COUNTY OF DOUGLAS }

RENEE SELLARS
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires October 27, 2008
No: 98-48033-5

This instrument was acknowledged before me on 7-17-03
by MARION E. DELAHAY

Signature
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0586018

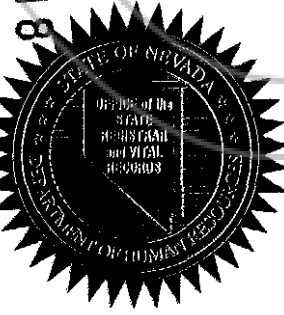
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STATE OF NEVADA

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 OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER											
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH								
DECEDENT	1. Benjamin Thomas DELAHAY			2. August 21, 2002			3a. Douglas								
	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			SEX								
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Gardnerville			3c. 699 Joette Dr.			3e. Male								
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)								
PARENTS	5. 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. 84			7b. : 7c. :			8. May 6, 1918		
	STATE OF BIRTH (If not U.S.A., name country)			CITY OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)		
DISPOSITION	9a. Texas			9b. U.S.A.			10. 18 Years			11. Married			12. Marion Horn		
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
CERTIFIER	13. -6988			14a. Attorney			14b. Law								
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
CAUSE OF DEATH	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 699 Joette Dr.			15e. Yes		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	16. Benjamin Thomas Delahay			17. Stella Hornbeak											
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
CAUSE OF DEATH	18a. Marion Delahay - Wife			18b. 699 Joette Dr. Gardnerville, NV 89410											
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
CAUSE OF DEATH	19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City, Nevada								
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY								
CAUSE OF DEATH	20a. [Signature]			20b. 217			20c. Home, 1380 Hwy 395 Gardnerville, NV 89410								
	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			22. 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.											
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
	21b. 8/26/02			21c. 2055			22b. [Signature]			22c. [Signature]					
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)								
	21d. [Signature]			22d. ON			22e. AT								
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER											
	23a. Evan W. Easley M.D., 1107 Hwy 395 Gardnerville, NV 89410			23b. 7446											
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
	24a. [Signature]			24b. August 26, 2002			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death											
	PART I (a) Respiratory Failure			Interval between onset and death											
CAUSE OF DEATH	(b) Dementia			Interval between onset and death											
	(c) Multiple strokes			Interval between onset and death											
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)								
	26. No			27. No											
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED					
	28a. [Signature]			28b. [Signature]			28c. M			28d. [Signature]					
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.			STREET OR R.F.D. No.			CITY OR TOWN STATE		
	28e. [Signature]			28f. [Signature]			28g. [Signature]								

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STATE REGISTRAR

No. 224084

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

Date Issued:

AUG 26 2002

State Registrar

Yvonne Sylva