

A.P.N. # 1220-22-110-113  
ESCROW NO. 030102585  
RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

MR. ELMER L. WATSON  
755 LYELL WAY  
GARDNERVILLE, NEVADA 89410

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

2003 SEP 19 PM 3:27

WERNER CHRISTEN  
RECORDER

*\$16.00 PAID KJ* DEPUTY

(Space Above for Recorder's Use Only)

### AFFIDAVIT

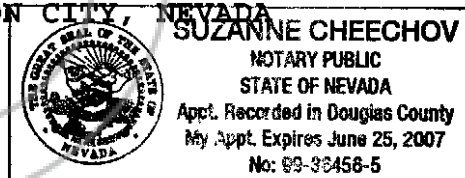
By Surviving Spouse Succeeding to Title to Community Property  
With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes  
A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

ELMER L. WATSON, of legal age, being first duly sworn, deposes and says:  
That SONDR A N. WATSON, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as SONDR A N. WATSON  
named as one of the parties in that certain GRANT DEED dated July 26, 2999  
executed by WEST RIDGE HOMES, INC. A NEVADA CORPORATION  
to Elmer L. Watson and Sondra N. Watson,  
husband and wife, as Community Property, With Right of Survivorship, recorded as Document No.  
on March 23, 2000, in Book 0300, Page 4022, of Official Records of  
Douglas County, State of Nevada, affecting the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That ~~she~~ he was married to Sondra N. Watson  
at the time of death of decedent. That no transfers of interest by either  
nor \_\_\_\_\_, have occurred in regards to the herein described community  
property estate. That \_\_\_\_\_ did not execute a Will in conflict with  
Right of Survivorship set forth in the above mentioned deed. That  
died on **January 25, 2003** at **CARSON CITY, NEVADA**  
as set forth in the attached Certificate of Death.

DATE: **June 20, 2003**



STATE OF NV }  
COUNTY OF Douglas } ss.

*Elmer L. Watson*  
ELMER L. WATSON

This instrument was acknowledged before me on **September 15, 2003**  
by, ELMER L. WATSON

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

0590610

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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

20020001146

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. <b>Sondra N. WATSON</b>			DATE OF DEATH (Month, Day, Year) 2. <b>January 25, 2002</b>		COUNTY OF DEATH 3a. <b>Carson City</b>					
	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Carson City</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Carson Tahoe Hospital</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>		SEX 4. <b>Female</b>				
DECEDENT	5. <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. <b>70</b>		UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>December 18, 1931</b>		
	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Illinois</b>		CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>		Decedent's Education. Specify highest grade completed. 10. <b>11</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>		SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Elmer Watson</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. <b>4028</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Own Home</b>						
	RESIDENCE—STATE 15a. <b>Nevada</b>		COUNTY 15b. <b>Douglas</b>		CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>		STREET AND NUMBER 15d. <b>755 Lyell Way</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>		
PARENTS	FATHER—NAME First Middle Last 16. <b>Gerald Farley</b>			MOTHER—MAIDEN NAME First Middle Last 17. <b>Lucielle Cubitt</b>							
	INFORMANT—NAME (Type or Print) 18a. <b>Elmer Watson - Husband</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>755 Lyell Way, Gardnerville, NV 89410</b>							
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenrys Crematory</b>		LOCATION City or Town State 19c. <b>Carson City, NV</b>						
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>		NAME AND ADDRESS OF FACILITY 20c. <b>FitzHenrys Funeral Home 01 833 N. Edmonds Drive, Carson City, NV 89701</b>						
CERTIFIER	21a. 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. 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>							
	DATE SIGNED (Mo., Day, Yr.) 21b. <b>1/29/02</b>		HOUR OF DEATH 21c. <b>0230</b>		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.				
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON			PRONOUNCED DEAD (Hour) 22e. AT				
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Robert Fliegler, M.D., 775 Fleischmann Way, Carson City, NV</b>			LICENSE NUMBER 23b. <b>9310</b>							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>Jan 29, 2002</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)										
CAUSE OF DEATH	PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>METASTATIC CANCER 1 BLADDER</b>								Interval between onset and death		
	(b) DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death		
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.								Interval between onset and death		
PART II 26. <b>No</b>		AUTOPSY (Specify Yes or No)		27. <b>Yes</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No)					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.					
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE			

STATE REGISTRAR

No. 216556

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

Date Issued: 0590610

AUG 29 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

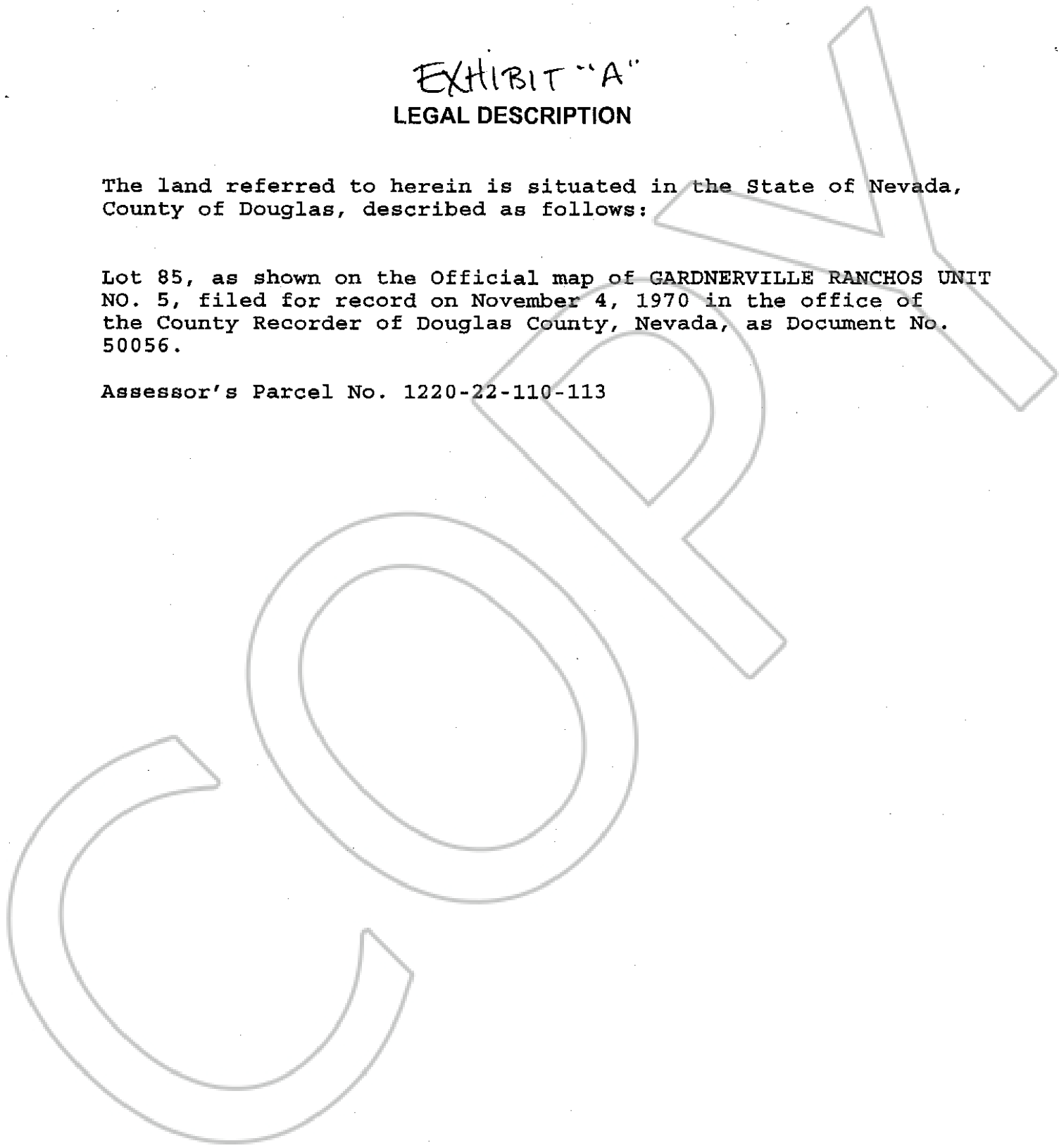
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EXHIBIT "A"  
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,  
County of Douglas, described as follows:

Lot 85, as shown on the Official map of GARDNERVILLE RANCHOS UNIT  
NO. 5, filed for record on November 4, 1970 in the office of  
the County Recorder of Douglas County, Nevada, as Document No.  
50056.

Assessor's Parcel No. 1220-22-110-113



0590610  
BK0903PG10897