

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

Assessor's Parcel No.: 1420-08-311-005

2003 OCT 27 PM 2:59

RPTT: \$ 0 or Exempt # _____

WERNER CHRISTEN
RECORDER

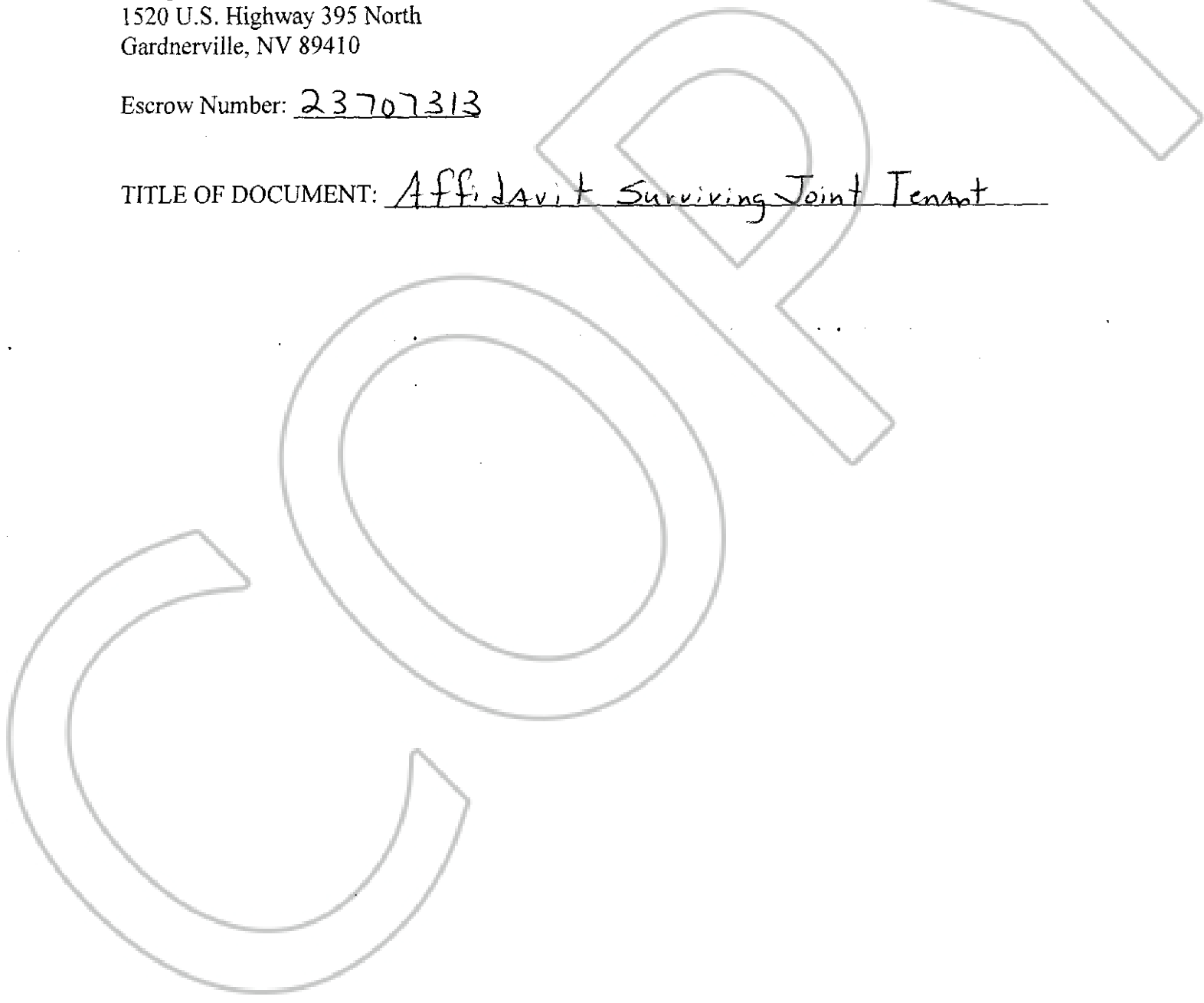
\$ 41.00 PAID KJ DEPUTY

Recording Requested by:

Marquis Title & Escrow, Inc.
1520 U.S. Highway 395 North
Gardnerville, NV 89410

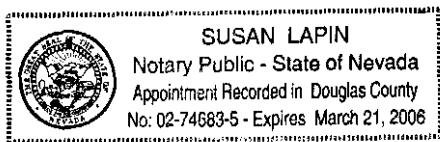
Escrow Number: 23707313

TITLE OF DOCUMENT: Affidavit Surviving Joint Tenant



0594932
BK1003PG13672

A.P.N. 1420-08-311-005
Escrow No: 23707313



AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, GERALDINE P. SAICH being first duly sworn, deposes and says:

That Affiant is the surviving spouse of JAMES M. SAICH and that the Affiant and the said JAMES MICHAEL SAICH deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 6th day of March, 2001, under the terms of which SUNRIDGE CORPORATION, a Nevada corporation was Grantor to: JAMES M. SAICH and GERALDINE P. SAICH as husband and wife as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded March 14, 2001, in Book 0301 at Page 3500 as Document No: 510429 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 12, Block L, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASES 4 and 5A, a Planned Unit Development, filed for record in the Office of the Recorder of Douglas County, State of Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

That the said one of the Grantees in the Joint Tenancy Deed, died on the 13th day of November, 2002 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, GERALDINE P. SAICH, as of the date of decedent's death.

Dated: October 22, 2003

Geraldine P Saich
GERALDINE P. SAICH

STATE OF NEVADA
COUNTY OF DOUGLAS

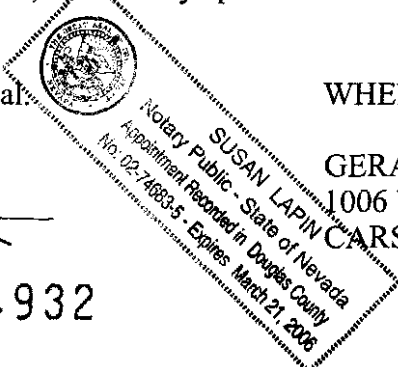
On October 22, 2003, before me, the undersigned, a Notary Public in and for said County, personally appeared GERALDINE P. SAICH, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal:

WHEN RECORDED MAIL TO:

Signature *[Signature]*
NOTARY PUBLIC

GERALDINE P. SAICH
1006 VISTA RIDGE
CARSON CITY, NEVADA 89705



0594932

BK 1003 PG 3673

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2002-49-003389

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JAMES		2. MIDDLE MICHAEL		3. LAST (FAMILY) SAICH	
4. DATE OF BIRTH MM/DD/CCYY 12/26/1943		5. AGE YRS. 58		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 11/13/2002		8. HOUR 0009			
9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. 5386		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14			
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER U.S. Government	
17. OCCUPATION Navy Personnelman		18. KIND OF BUSINESS Military Navy		19. YEARS IN OCCUPATION 26	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 224 Hahn Way					
21. CITY Cotati		22. COUNTY Sonoma		23. ZIP CODE 94931	
24. YRS IN COUNTY 10		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Geri Saich Spouse		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 224 Hahn Way Cotati, CA 94931			
28. NAME OF SURVIVING SPOUSE—FIRST Geraldine		29. MIDDLE Patricia		30. LAST (MAIDEN NAME) Fox	
31. NAME OF FATHER—FIRST James		32. MIDDLE -		33. LAST Miladin	
34. BIRTH STATE Serbia		35. NAME OF MOTHER—FIRST Dorothea		36. MIDDLE Lavergne	
37. LAST (MAIDEN) Hraha		38. BIRTH STATE IL			
39. DATE MM/DD/CCYY 11/21/2002					
40. PLACE OF FINAL DISPOSITION RES: Geri Saich 224 Hahn Way Cotati, CA 94931					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR PARENT-SORENSEN MORTUARY		45. LICENSE NO. FD12		46. SIGNATURE OF LOCAL REGISTRAR MARY MADDUX-GONZALEZ, M.D.	
47. DATE MM/DD/CCYY 11/21/2002					
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY Sonoma		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 224 Hahn Way			
106. CITY Cotati					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Metastatic melanoma to brain		TIME INTERVAL BETWEEN ONSET AND DEATH 6 Mos.		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) Melanoma of inguinal lymph nodes		2 Yrs.		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) -				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) -				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
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 MM/DD/CCYY 04/30/2001		115. SIGNATURE AND TITLE OF CERTIFIER Beth C. Ar		116. LICENSE NO. G080820	
117. DATE MM/DD/CCYY 11/05/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP BELINDA ARK MD S.G.O.M.O 101 Boden Cr, Travis AFB, CA 94535			
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 type="checkbox"/> NO		121. INJURY DATE MM/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		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					
A	B	C	D	E	F
G	H	FAX AUTH. # 1032		CENSUS TRACT	

0594932

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SONOMA } SS

12/02/2002
DATE ISSUED

Mary Maddux-Gonzalez, M.D.
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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

