

3. A certified copy of the Certificate of Death of the above named Decedent is attached hereto marked Exhibit B showing the date of death as September 10, 2003.

DATED this 4th day of December, 2003.


JOHN P. SWIFT

STATE OF NEVADA)
):
CARSON CITY): ss.

This instrument was acknowledged before me on the 4th day of December, 2003, by JOHN P. SWIFT.


NOTARY PUBLIC



WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

0598657

BK1203PG01909

EXHIBIT A
TO AFFIDAVIT OF SURVIVING JOINT TENANT
JOHN P. SWIFT, AFFIANT

All that certain lot, piece, parcel or portion of land situate, lying and being within Section 10, Township 12 North, Range 20 East, M.D.M., Douglas County, Nevada and more particularly described as follows:

Lot 70 as shown on the Official Map of Gardnerville Ranchos Unit 3 filed for record in Book 31 at Page 687 Official Records of Douglas County, Nevada.

Together with all that portion of Lot 71 as shown on aforesaid map described as follows:

Commencing at the Southeasterly corner common to said Lots 70 and 71 which point is the TRUE POINT OF BEGINNING; thence along the Southeasterly line of said Lot 71
South 43°00'30" West a distance of 1.02 feet; thence leaving said line
North 46°58'42" West a distance of 181.38 feet; thence
South 47°58'45" West a distance of 129.51 feet to a point on the Southwesterly line of said Lot 71; thence along the boundary of said Lot 71
North 46°59'30" West a distance of 62.40 feet; thence
North 11°03'30" West a distance of 114.88 feet; thence
North 84°57'30" East a distance of 84.15 feet; thence
South 46°59'30" East a distance of 291.77 feet to the TRUE POINT OF BEGINNING.

A.P.N. 27-272-11

Together with and subject to a 12.00 foot wide private access easement for the mutual use and benefit of the owners of Lots 70 and 71 and more particularly described as follows:

All that portion of Lots 70 and 71 as shown on the Official map of Gardnerville Ranchos Unit 3 filed for record in Book 31, at Page 687 Official Records of Douglas County, Nevada lying 6.00 feet on either side of the following described centerline:

Commencing at the Southeasterly corner common to said Lots 70 and 71; thence along the Southeasterly line of said Lot 70
North 43°00'30" East a distance of 16.50 feet to the TRUE POINT OF BEGINNING of the centerline of this 12.00 foot wide private access easement; thence leaving said Southeasterly line of Lot 70
North 64°37'42" West a distance of 40.18 feet; thence
North 69°43'14" West a distance of 29.99 feet; thence
North 51°18'27" West a distance of 38.43 feet; thence
North 61°08'25" West a distance of 45.06 feet; thence
North 79°27'20" West a distance of 44.12 feet to the terminus point of this 12.00 foot wide private access easement.

Reference is made to Record of Survey recorded August 22, 1994 in Book 894, Page 3778, Document No. 344484, Official Records, Douglas County, Nevada.

(Legal Description taken from that certain Grant, Bargain, Sale Deed recorded in Douglas County, Nevada, on May 3, 1996, Book 0596, Page 0714-0715, Document Number 387034.)

EXHIBIT A
Page 1 of 1

0598657

BK1203PG01910

EXHIBIT B
TO AFFIDAVIT OF SURVIVING JOINT TENANT
JOHN P. SWIFT, AFFIANT

Certificate of Death

COPY

EXHIBIT B
Page 1 of 2

0598657

BK1203PG01911

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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Ruth Darlene SWIFT	2. September 10, 2003	3a. Carson City
		CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Inm. Inpatient (Specify)
DECEDENT		3b. Carson City	3c. Carson Tahoe Hospital	3e. E.R. 2
		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.	SEX
		5. White	6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Female
		STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
		9a. South Dakota	9b. U.S.A.	10. 12 Years
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
		13. ██████████0846	14a. Homemaker	11. Married
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
		15a. Nevada	15b. Douglas	15c. Gardnerville
				STREET AND NUMBER
				15d. Riverview Dr.
				INSIDE CITY LIMITS (Specify Yes or No)
				15e. Yes
PARENTS		FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	
		16. Edmond McGrath	17. Velma Flowers	
		INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
		18a. Paul Swift - Husband	18b. P.O. Box 477, Gardnerville, Nevada 89410	
DISPOSITION		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
		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
		20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
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.)	HOUR OF DEATH	
		21b. 9/15/03	21c. 1130	
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
		21d.	22d. ON	22e. AT
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	LICENSE NUMBER	
		23a. Gerald L. Cottrell M.D., 925 Ironwood Dr, Minden, NV 89423	23b. 6778	
		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
		24a. <i>[Signature]</i>	24b. Sept. 16, 2003	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).)		
		PART I (a) <i>Cardiopolmonary arrest</i>		Interval between onset and death: 10 minutes
		(b) <i>Respiratory failure</i>		Interval between onset and death: 3 days
		(c) <i>end-stage chronic obstructive pulmonary disease</i>		Interval between onset and 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. Yes
		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
		28a.	28b.	28c. M
		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.	28f.	28g.

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

598657
1203P601912



STATE REGISTRAR

No.242958

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

Date Issued: **SEP 19 2003**

[Signature]
State Registrar