

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

2003 DEC -9 PM 3:31

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID KJ DEPUTY

RECORDING REQUESTED BY:

Title Order No.: 03-50081-SMA
Escrow No.: 03-50081-RM

When recorded mail to:
MS. DARLENE WATSON
P.O. Box 1883
Zephyr Cove, NV. 89448

Parcel No. 1418-27-411-021

SPACE ABOVE THIS LINE FOR RECORDS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } S.S.

DARLENE WATSON of legal age, being first duly sworn, deposes and says: That **JOAN McFARLAND**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Bargain Sale Deed, dated 1-11-96 executed by E. E. Sandlian and Helga Sandlian, husband and wife to Joan McFarland, a married woman as her sole and separate property and Darlene Watson, an unmarried woman as Joint Tenants, with right of survivorship and not as tenants in common recorded as Instrument No. 379007 on January 16, 1996, in Book 0196, Page 2571, of Official Records of Douglas County, Nevada, covering the following described real property:

Property is commonly known as:


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

Unit 21 as set forth on the official plat of Cave Rock Villas, recorded August 16, 1977 as Document No. 12016, Official Records of Douglas County, State of Nevada, being a subdivision of Lot 3 of Cave Rock Estates Unit No. 1 recorded January 3, 1962 as Document No. 19323 of Official Records of Douglas County, Nevada and as delineated on that record of survey of Cave Rock Villas, recorded October 9, 1979 in Book 1079 of Official Records, at Page 634, Douglas County, Nevada.

Together with an undivided 1/22 interest in and to that portion designated as common area as set forth on the official plat of Cave Rock Villas, recorded August 16, 1977 as Document No. 12016, Official Records of Douglas County, State of Nevada, being a subdivision of Lot 3 of Cave Rock Estates Unit No. 1 recorded January 3, 1962 as Document No. 19323 of Official Records of Douglas County, Nevada and as shown on that record of survey of Cave Rock Villas, recorded October 9, 1979 in Book 1079 of Official Records, at Page 634, Douglas County, Nevada

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property described above, did not exceed the sum of \$.

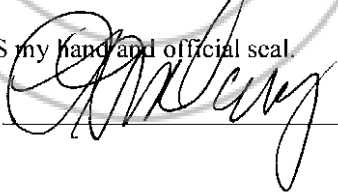
Dated: 12-9-2003

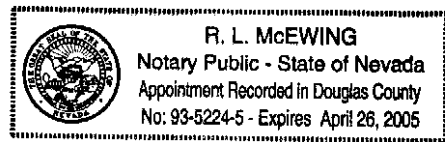

DARLENE WATSON

SUBSCRIBED AND SWORN to before me, this 9TH day of DECEMBER, 2003.

WITNESS my hand and official seal.

Signature





0599063

BK 1203 PG 03884

CERTIFICATE OF DEATH

STATE
FILE NO. 151

| | | | | | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|
| 1. DECEASED — FIRST NAME Joan | | | MIDDLE NAME McFarland | | | LAST NAME Female | | | 2. SEX Female | | | 3. DATE OF DEATH (MONTH, DAY, YEAR) August 21, 2003 | | |
| 4a. RACE Caucasian | | | 4b. IS PERSON OF SPANISH ORIGIN? 1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Central-S. American 5 <input type="checkbox"/> Other & Unknown Spanish Origin | | | 5a. AGE—LAST BIRTHDAY (Years) 62 | | | 5b. UNDER 1 YR. MOS. DAYS | | | 5c. UNDER 1 DAY HOURS MIN. | | |
| 7a-1. ISLAND OF DEATH Maui | | | 7b. CITY, TOWN OR LOCATION OF DEATH Makena | | | 7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 96 Makena Road #A203 | | | 7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY) --- | | | 7e. COUNTY OF DEATH Maui | | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Rhode Island | | | 9. CITIZEN OF WHAT COUNTRY USA | | | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed | | | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) --- | | | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No | | |
| 13. SOCIAL SECURITY NUMBER 9665 | | | 14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Real Estate Agent | | | 14b. KIND OF BUSINESS OR INDUSTRY Real Estate | | | 14c. EDUCATION (Specify highest grade completed) 12 | | | | | |
| 15a. RESIDENCE-STATE Nevada | | | 15b. COUNTY Douglas | | | 15c. CITY, TOWN OR LOCATION Lake Tahoe | | | 15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No | | | 15e. NUMBER, STREET AND ZIP 280 Chakkar Drive 89448 | | |
| 16. FATHER — FIRST NAME --- | | | MIDDLE NAME --- | | | LAST NAME Page | | | 17. MOTHER — FIRST NAME Beatrice | | | MIDDLE NAME --- | | |
| 18a. INFORMANT — NAME Darlene Watson | | | 18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) P.O. Box 1883, Zephyr Cove, Nevada 89448 | | | | | | | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | | | 19b. CEMETERY OR CREMATORY—NAME Ballard Family Crematory | | | 19c. LOCATION Kahului | | | CITY OR TOWN Hawaii | | | STATE | | |
| 19d. DATE (MONTH, DAY, YEAR) August 22, 2003 | | | 19e. PERMIT NUMBER 537 | | | 20a. FUNERAL HOME—NAME Ballard Family Mortuary | | | 20b. FUNERAL DIRECTOR—SIGNATURE <i>[Signature]</i> | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) <i>[Signature]</i> | | | 21b. DATE SIGNED (MO., DAY, YR.) August 22, 2003 | | | 21c. TIME OF DEATH 2:29P_M | | | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Gregory Park M.D., 30 North Church Street, Wailuku, Hawaii 96793 | | | 21e. TIME OF DEATH M | | |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Gregory Park M.D., 30 North Church Street, Wailuku, Hawaii 96793 | | | 21f. TIME OF DEATH M | | | 21g. TIME OF DEATH M | | | 21h. TIME OF DEATH M | | | 21i. TIME OF DEATH M | | |
| 24a. REGISTRAR - SIGNATURE <i>[Signature]</i> | | | 24b. DATE RECEIVED BY LOCAL REGISTRAR AUG 22 2003 | | | 24c. DATE FILED BY STATE REGISTRAR SEP - 3 2003 | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| 25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | IMMEDIATE CAUSE (a) Non-small Cell Carcinoma of lung (b) (c) | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | | | | | | | 26a. AUTOPSY (YES OR NO) | | |
| 27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | | 27b. DATE OF INJURY (MONTH, DAY, YEAR) | | | 27c. TIME OF INJURY | | | 27d. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 27e. INJURY AT WORK? (SPECIFY YES OR NO) | | | 27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) | | | | | | | | | | | |
| 27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | | | | | | | | | | | |

SEP - 5 2003

I CERTIFY THIS IS A TRUE COPY OF
AS REPORTED TO THE RECORDS OR FILED IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR

0599063

BK1203PG03885