

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

APN: 1220-22-410-127

2004 JAN 12 PM 3: 24

RECORDING REQUESTED BY:
Western Title Company, Inc.

WERNER CHRISTEN
RECORDER

WHEN RECORDED MAIL TO:

\$16⁵⁰ PAID *Kj* DEPUTY

Name John D. Brandon
Street 1419 Sally Lane
Address
City, State Gardnerville, NV
Zip 89460

Order No. 87661-201-SLG

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

JOHN D. BRANDON, of legal age, being first duly sworn, deposes and says:

That PATRICIA L. BRANDON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PATRICIA L. BRANDON named as one of the parties in that certain GRANT DEED dated JANUARY 9, 2003 executed by LOUIS G. MARTIN and JUDITH A. MARTIN to JOHN D. BRANDON and PATRICIA L. BRANDON, husband and wife as joint tenants, recorded as instrument No. 0565445, on January 28, 2003, in Book 0103, Page 11729, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of Gardnerville, County of DOUGLAS, State of Nevada:

Lot 939, 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, in Book 374, Page 676, as File No. 72456.

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY
and without liability for the consideration therefor, or as to the validity
or sufficiency of said instrument, or for the effect of such recording
on the title of the property involved.

0601755

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Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 1.00.

Dated January 6, 2004


Surviving Joint Tenant

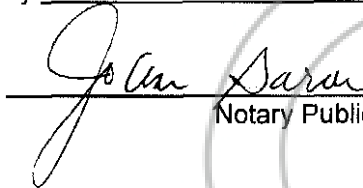
STATE OF NEVADA
COUNTY OF DOUGLAS

} SS



This instrument was acknowledged before me
on JANUARY 6, 2004

by JOHN D. BRANDON


Notary Public

0601755

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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

LOCAL FILE NUMBER		STATE FILE NUMBER			
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
1. Patricia L. BRANDON		2. December 22, 2003	3a. Douglas		
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. Rm. Inpatient (Specify)		
3b. Gardnerville		3c. 1419 Sally Lane	3e. 4. Female		
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 66	7b. :	7c. :	8. September 25, 1937
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Oklahoma	9b. U.S.A.	10. 12 Years	11. Married	12. John Brandon	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13. 8454	14a. Secretary	14b. Aerospace			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1419 Sally Lane	15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. William Whitely		17. Maxine Jones			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. John Brandon - Husband		18b. 1419 Sally Lane, Gardnerville, NV 89410			
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		
To be Completed by CERTIFYING PHYSICIAN	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)		
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		HOUR OF DEATH
	21b. 12/23/03		21c. 0920		22c.
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. David C. Johnson, M.D., 50 Kirman Ave. #306, Reno, NV 89502				23b. 2311	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. (Signature) <i>[Signature]</i>		24b. December 24, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I		(a) Renal failure		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) Unknown		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c)			
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)
		Subdural Hematoma		26. NO	27. NO
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
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.			

STATE REGISTRAR

No. 246243



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

Date Issued:

DEC 24 2003 0601755

[Signature]
Yvonne Sylva
BK0104 PG03121
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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