

RECORDING REQUESTED BY:
Fidelity National Title Company
Escrow No. 61699-LMR
Title Order No. 03-50186-SMA

When Recorded Mail Document To:
Ms. Betty L. Cowles
P.O. Box 9385
South Lake Tahoe, CA 96158

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

2004 JAN 21 PM 12:50

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

APN: 1220-15-110-046

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA

COUNTY OF Douglas,

Betty L. Cowles, of legal age, being first duly sworn, and deposes and says:

That **Lawrence Marshall Cowles**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Lawrence M. Cowles** named as one of the parties in that certain **Grant Deed** dated July 29, 1993 executed by Carol E. Hill and Michael P. Hill to **Lawrence M. Cowles and Betty L. Cowles, Husband and Wife**, as Joint Tenants with right of survivorship, recorded as Instrument No. 314726, on August 10, 1993, in Book 0893, Page 1677, of Official Records of Douglas County, California, covering the following described property situated in **Gardnerville**, County of **Douglas**, State of Nevada.

SEE EXHIBIT ATTACHED HERETO AND FORMING A PART HEREOF.

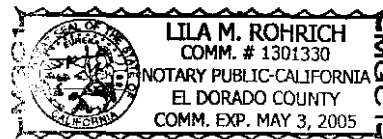
DATED: January 8, 2004

Betty L. Cowles
Betty L. Cowles

SUBSCRIBED AND SWORN TO before me

this *16th* day of *January*, *2004*

Signature *Lila M. R*



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EXHIBIT "ONE"

LOT 72, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2 FILED FOR RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 1, IN BOOK 31, PAGE 686 AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 04, 1965 IN BOOK 31, PAGE 797 AS DOCUMENT NO. 28377



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 91 IMAGE 835

2130

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First: Lawrence Middle: Marshall Last: COWLES			2. DATE OF DEATH (Month, Day, Year) September 21, 1997		3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Veterans Administration Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient SEX: Male		
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 75		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) March 19, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Betty Chizek		13. SOCIAL SECURITY NUMBER 4956		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter	
14b. KIND OF BUSINESS OR INDUSTRY Building Construction		15a. RESIDENCE—STATE California		15b. COUNTY Eldorado		15c. CITY, TOWN, OR LOCATION South Lake Tahoe	
15d. STREET AND NUMBER 2171 Tahoe Vista		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First: Lawrence Middle: Middle Last: Cowles		17. MOTHER—MAIDEN NAME First: Middle: Last:	
18a. INFORMANT—NAME (Type or Print) Betty Cowles				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 9385 South Lake Tahoe, California 96158			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION—City or Town State Carson City Nevada			
20a. FUNERAL DIRECTOR—NAME (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 70		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E. Arroyo Reno, Nevada 89502			
21a. To the best of my knowledge, death occurred at the time, date and place due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)				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. DATE SIGNED (Mo., Day, Yr.) SEPTEMBER 22, 1997		21c. HOUR OF DEATH 2335		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) UMA SURYADEVARA, 1000 LOCUST STREET, RENO, NEVADA 89520				21e. LICENSE NUMBER LL 922		21f. REGISTRAR Sundia Bridges Dep.	
24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 23, 1997		24b. DEATH DUE TO COMMUNICABLE DISEASE 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) SEVERE HYPOXIA DUE TO OR AS A CONSEQUENCE OF:		PART II (b) NOSOCOMIAL PNEUMONIA DUE TO OR AS A CONSEQUENCE OF:		PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. NSC LUNG CANCER WITH QUESTION OF BRAIN METS, TOB ABUSE			
28a. ACC. SUICIDE, HOM. UNDET., OR PENDING, INVEST. (Specify) 28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	

STATE REGISTRAR

No. 118685

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

Deputy Registrar:

[Signature] 0602474

SEP 25 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0104606311