

A.P.N. # 1420-07-817-014  
ESCROW NO. 040200107  
RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 FEB -5 PM 3:28

WERNER CHRISTEN  
RECORDER

\$ 16.00 PAID Be DEPUTY

WHEN RECORDED MAIL TO:

(Space Above For Recorder's Use Only)

### AFFIDAVIT - DEATH OF JOINT TENANT

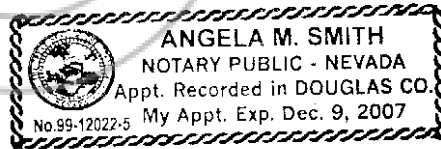
STATE OF NEVADA            }  
  } ss.  
COUNTY OF Douglas    }

Lucy Ward, of legal age, being first duly sworn, deposes and says: That JOSEPH ERNEST WARD, 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 Deed dated 10/15/02 executed by Carla Lynn Crancer and Mary E. Wulkau to Joe Ward and Lucy Ward as joint tenants, recorded as Instrument No. 8559362, on 11/27/02 in Book 1102, Page 13103, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lucy Ward  
\_\_\_\_\_  
Lucy Ward

DATE: **January 22, 2004**

STATE OF NV                    }  
  } ss.  
COUNTY OF Carson City    }



This instrument was acknowledged before me on 1-27-04

by: Lucy Ward

Signature Angela M. Smith

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0603876

BK0204PG02124

**EXHIBIT "A"  
LEGAL DESCRIPTION**

Order No.: 040200107

The land referred to herein is situated in the State of Nevada,  
County of DOUGLAS, described as follows:

Lot 35, Block D, as set forth on that certain plat of IMPALA  
MOBILE HOME ESTATES UNIT NO. 1, filed for record in the Office  
of the County Recorder of Douglas County, Nevada, on May 11,  
1978, as Document No. 20555.

Assessors Parcel No. 1420-07-817-014

0603876

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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	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Joseph Ernest WARD		DATE OF DEATH (Month, Day, Year) 2. January 2, 2004	
	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		COUNTY OF DEATH 3a. Carson City	
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient /	
	SEX 4. Male			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	
	AGE—Last Birthday (Years) 7a. 83		UNDER 1 YEAR MOS : DAYS 7b. :	
PARENTS	STATE OF BIRTH (If not U.S.A., name country) 9a. Washington		CITIZEN OF WHAT COUNTRY 9b. USA	
	SOCIAL SECURITY NUMBER 13. ██████████ 7669		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Fireman	
DISPOSITION	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Carson City	
	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 933 Loyola Dr.	
CERTIFIER	FATHER—NAME First Middle Last 16. William Ward		MOTHER—MAIDEN NAME First Middle Last 17. Della Young	
	INFORMANT—NAME (Type or Print) 18a. Lucy M. Ward		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 933 Loyola St. Carson City, Nevada 89705	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra crematory	
	LOCATION City or Town State 19c. Carson City, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	
	NAME AND ADDRESS OF FACILITY 20c. 281 N. Roop St., Carson City, Nevada 89706			
CAUSE OF DEATH	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.) 21b. 6 Jan 04		HOUR OF DEATH 21c. 1336	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22b.	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Richard A. Bessette, M.D., 410 Fleischmann Way, Carson City, Nev		LICENSE NUMBER 23b.	
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 7, 2004	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c)		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF 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) 26.	
	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27.			
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
	HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
	LOCATION 28g.		STREET OR R.F.D. NO. CITY OR TOWN STATE	



STATE REGISTRAR

No. 246977

0603876  
BK0204PG02126

*[Signature]*  
Sylvia

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

JAN - 8 2004

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT