

REQUESTED BY
FIRST CENTENNIAL TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

APN: 1420-07-310-033

2004 MAR -1 PM 3:21

When Recorded Return to:
AMERICAN GENERAL FINANCIAL SVCS
3827 S Carson st
Carson City NV 89701

WERNER CHRISTEN
RECORDER

\$16.00 PAID. *KJ* DEPUTY

127735-TO

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF Carson

} ss:

That Carl F Wilson, of legal age, being duly sworn, deposes and says
Barbara K Wilson the decedent mentioned in the attached certified copy of
the Certificate of Death, is the same person as Barbara K Wilson named as one of the
parties in that certain Grant, Bargain, Sale Deed dated ~~02/25/98~~ executed by T.L. James
and Hazel V. James ~~11/26, 1967~~ to ** /September 13, 1977 *** /**** as joint tenants,
recorded as Instrument No. ~~573188X~~ /12930 on ~~02/25/98~~ in Book ~~XXX~~ Page ~~XXX~~ of Official
Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto

**Carl F. Wilson and Barbara K. Wilson, husband and wife, as joint tenants
***in Book 977
****Page 766

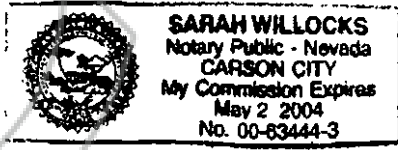
Dated: February 17, 2004

Carl F. Wilson

CARL F WILSON

SUBSCRIBED AND SWORN TO before me on this 17 day of FEBRUARY 2004

[Signature]
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

0606050
BK0304PG00467

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2003 0016352

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last 1. Barbara WILSON		DATE OF DEATH (Month, Day, Year) 2. November 27, 2003	STATE FILE NUMBER	COUNTY OF DEATH 3a. Douglas		
TYPE OR PRINT IN PERMANENT INK		CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3466 Tourmaline Way		If Hosp. or Inst. Indicate DOA, OP/Erros. Fin. Inpatient (Specify) 3d. 6	SEX 4. Female	
CEDENT		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. 60	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. February 1, 1943
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		STATE OF BIRTH (If not U.S.A., name country) 9a. West Virginia		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Carl Wilson	
ARENTS		SOCIAL SECURITY NUMBER 13. 5366		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home		
POSITION		RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 3466 Tourmaline Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. yes	
RTIFIER		FATHER—NAME First Middle Last 16. Eugene Kossuth		MOTHER—MAIDEN NAME First Middle Last 17. Lorene Thompson		INFORMANT—NAME (Type or Print) 18a. Carl Wilson - Husband		
USE OF DEATH		Mailing Address 18b. 3466 Tourmaline Way, Carson City, NV 89705		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial				
		Cemetery or Crematory—Name 19b. Eastside Memorial Park		LOCATION 19c. Minden, Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		
		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410				
		21. 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> M.D.		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. 12/1/03		HOUR OF DEATH 21c. 0340		DATE SIGNED (Mo., Day, Yr.) 22b.		
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22c.		
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Jorge Perez, M.D., 1000 N. Division #104, Carson City, NV		LICENSE NUMBER 23b. 10108		REGISTRAR 24a. (Signature) <i>[Signature]</i>		
		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 2, 2003		DEATH DUE TO COMMUNICABLE DISEASE 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 1 (a) Non-small-cell lung Cancer						
		DUE TO, OR AS A CONSEQUENCE OF: (b) _____ (c) _____						
		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
		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.			
		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.246289

09620

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

FEB 27 2006 06050

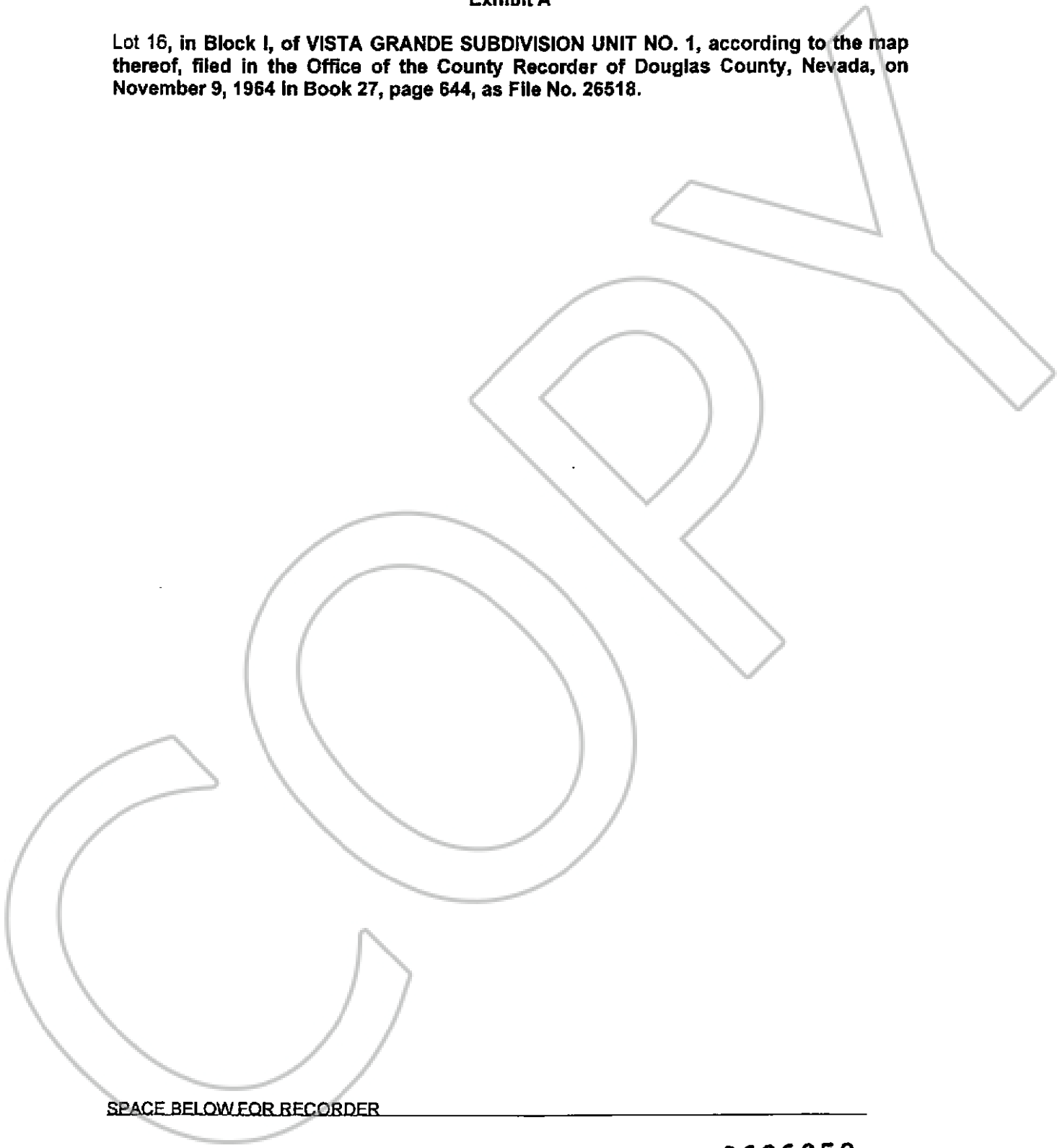
[Signature]
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar



Exhibit A

Lot 16, in Block I, of VISTA GRANDE SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964 in Book 27, page 644, as File No. 26518.



SPACE BELOW FOR RECORDER

0606050

BK 0304 PG 00469