

2004 MAR 30 AM 9:10

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, Clarence B. Lampley, Jr. and Michelle J. Lampley being first duly sworn, deposes and says:

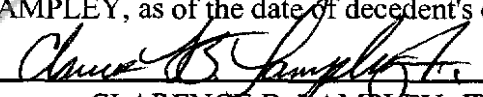
That Affiants are the surviving Joint Tenants of Emily M. Lampley and that the Affiant and the said Emily M. Lampley deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 29th day of March, 2004, under the terms of which Clarence B. Lampley Jr. and Michelle L. Lampley was Grantor to: EMILY M. LAMPLEY, an unmarried woman and CLARENCE B. LAMPLEY JR. and MICHELE J. LAMPLEY as husband and wife as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded March 25, 2001, in Book 0501 at Page 7589 as Document No: 0514959 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 15, in Block B, as set forth on the map of SARATOGA SPRINGS ESTATES UNIT NO. 4, filed for record in the Office of the Douglas County Recorder on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, Official Records.

That the said EMILY M. LAMPLEY one of the Grantees in the Joint Tenancy Deed, died on the 19th day of January, 2004 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, CLARENCE B. LAMPLEY, JR. and MICHELLE J. LAMPLEY, as of the date of decedent's death.

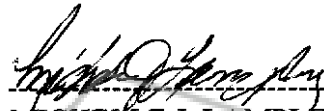
Dated: March 29, 2004


CLARENCE B. LAMPLEY, JR.

0608714

BK 0304 PG 14360

STATE OF NEVADA
COUNTY OF



MICHELLE J. LAMPLEY

On _____, before me, the undersigned, a Notary Public in and for said County, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature


NOTARY PUBLIC

Clarence B. Lampley, Jr.
1271 La Sierra Ct.
Minden, NV 89423



0608714

BK0304PG14361

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**

TYPE OR PRINT IN BLACK INK

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY

PLEASE TO

CAUSE STATING THE UNDERLYING CAUSE LAST

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Emily M. LAMPLEY		2. January 19, 2004	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Minden		3c. 1290 Siesta Court	
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.	
5. White		6. No	
AGE—Last Birthday (Years)		7a. 79	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
12. Widowed		12.	
DATE OF BIRTH (Mo., Day, Yr.)		8. August 13, 1924	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 0458		14a. Homemaker	
RESIDENCE—STATE		CITY, TOWN OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1290 Siesta Court	
INSIDE CITY LIMITS (Specify Yes or No)		KIND OF BUSINESS OR INDUSTRY	
15e. Yes		14b. Own Home	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Antonio Nunes		17. Emily Rose	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Clarence Bud Lampley - Son		18b. 1271 La Sierra Court, Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal/Entombment		19b. Chapel of the Chimes Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. FitzHenry's Funeral Home	
FUNERAL DIRECTOR LICENSE NUMBER		20b. 217	
20c. 833 N. Edmonds Drive, Carson City, NV 89701		LOCATION City or Town State	
20c. Hayward, California		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.	
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.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 1-20-04		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1300		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Mark Brune, M.D., 1701 County Road, #H, Minden, NV 89423		22e. AT	
LICENSE NUMBER		23b. 7134	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. January 21, 2004	
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))		Interval between onset and death	
(a) METASTATIC CANCER TO BRAIN		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
PART II		26. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [Signature]		28b. [Signature]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [Signature]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [Signature]		28f. [Signature]	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28g. [Signature]	

STATE REGISTRAR

No.252000

12137

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: 608714 BK0304PG14362 JAN 21 2004

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

Sybil Sylvia
STATE REGISTRAR

