

REQUESTED BY  
Clarence B Lampley Jr  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

When Recorded Mail To:  
Clarence B. Lampley, Jr.  
1271 La Sierra Ct.  
Minden, NV 89423

2004 APR -1 PM 2: 27

WERNER CHRISTEN  
RECORDER

\$ 15<sup>00</sup> PAID K2 DEPUTY

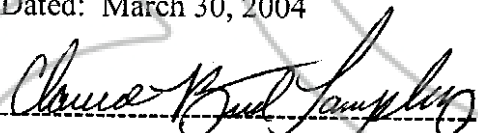
**AFFIDAVIT - DEATH OF JOINT TENANT**

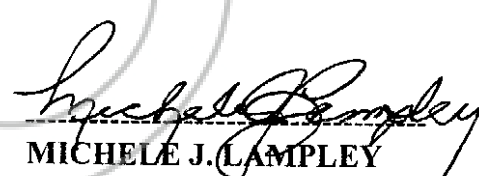
The undersigned being first duly sworn, deposes and says:

That **Emily M. Lampley**, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Emily M. Lampley** named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 8, 2002, dated executed by **CLARENCE BUD LAMPLEY and MICHELE J. LAMPLEY, husband and wife to CLARENCE BUD LAMPLEY as to 1/3 interest and MICHELE J. LAMPLEY as to 1/3 interest husband and wife, and EMILY M. LAMPLEY, an unmarried woman all as Joint Tenants with right of survivorship**, recorded as Instrument No. 0555068 on October 17, 2002 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

**Lot 34, 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.**

Dated: March 30, 2004


  
CLARENCE BUD LAMPLEY

  
MICHELE J. LAMPLEY

STATE OF NEVADA  
COUNTY OF DOUGLAS

On March 30, 2004, before me, a notary public, personally appeared Clarence Bud Lampley and Michele J. Lampley, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged they they executed the instrument.

  
Notary Public

  
SUSAN LAPIN  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 02-74683-5 - Expires March 21, 2006

0609111  
BK0404PG00468

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 PERMANENT BLACK INK

DECEDENT

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

Main form containing fields for DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, RACE, AGE, BIRTH, CITIZENSHIP, OCCUPATION, RESIDENCE, PARENTS, DISPOSITION, CERTIFIER, and CAUSE OF DEATH.

STATE REGISTRAR

No.252000

I2139

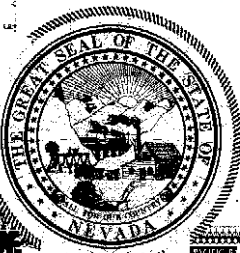
CERTIFIED COPY OF VITAL RECORDS

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:

JAN 21 2004

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



Signature: Yvonne Sylvia

0609111

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