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

Claresce BLampley Jr

IN OFFICIAL RECORDS OF

DOUGLAS CO. NEVADA

2004 APR - L PM 2: 27

WERNER CHRISTEN RECORDER

s 15 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

CLARENCE BUD LAWIPLE

MICHELE J. (LAMPLE)

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





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**

	,		DEATH	1
LOCAL FILE NUMBER				STATE FILE NUMBER
DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Emily	M	LAMPLEY	² January 19, 2004	3a Douglas
CITY, TOWN OR LOCATION OF I		ER INSTITUTION—Name (If not either, g	ive street and number) If Hosp. or Inst. indicate Rm. Inpatient (Specify)	DOA, OP/Emer. SEX
3b. Minden		lesta Court	3e.	4. Fem.
RACE(e.g., White, Black, Americ Indian, etc.) <i>(Specify)</i> 5. White	was Decedent of Hispanic O specify Mexican, Cuban, Pue 6.	rto Rican, etc. Birtho	-Last	
STATE OF BIRTH	CITIZEN OF WHAT COU			SURVIVING SPOUSE (If wife, give mal
(If not U.S.A., name country) 9a. California	тку 9ь. U.S.A.	grade completed.	WIDOWED, DIVORCED	
SOCIAL SECURITY NUMBER		10. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	KIND OF BUSINESS OR INDUSTRY	12.
_{13.} 554-26-0458	Working Life, Even if 'Ref	red) j		
RESIDENCE—STATE	COUNTY	Lomemaker CITY, TOWN, OR LOCATION	Own Home	
		CITY TOWN, OB LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	155 Douglas	tsc. Minden	tsd 1290 Siesta	Court 15e. Yes
FATHER—NAME First	# # # # # # # # # # # # # # # # # # #	マンストン・さつく こくいしょうしん	MAIDEN NAME First N	liddle Last
16. Antoniç		Nunes in 17.	Emily -	Rose
INFORMANT—NAME (Type or Prin		MAILING ADDRESS	(Street or R.F.D. No., City or Town, S	tate, Zip)
18a.Clarence Bud	Lampley - Son	18b. 1271 La S	ierra Court, Minden, 1	JV 89423
BURIAL, CREMATION, REMOVAL		BY OR CREMATORY-NAME		City or Town State
19a Removal/Enton	nhment 10h C	hapel of the Chim		1 0 110 1
FUNERAL DIRECTON—SIGNATO (Or Person Acting as Such)		L DIRECTOR NAME AND ADDRESS		ard, California
	a farancia de la companio de la comp	: NUMBER = # # # # # # # # # # # # # # # # # #	**** # IF: UILCALCALY; D I	uneral Home
20a, - 4 / / / / /	(206. 4	1/ 200 833 N. E	dmonds Drive, Carson (City, NV 89701
21a To the best of my know due to the cause(s) start	riedge, death occurred at the time, dated.	ue and place and	22a. On the basis of examination and/or inves at the time, date and place and due to the	tigation, in my opinion death occur e cause(s) and manner stated.
(Signature and Title)		un ny	gg (Signature and Title)	
Signature and Title) DATE SIGNED (Mo., D 21b. NAME OF ATTENDING 21d.	New Yr.) HOUR OF D	on a de minimum de la d	Quantity of the second of the	OUR OF DEATH
高い / プロ		300 5	E 22b. 2 22b. 2 22	tc.
NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CERT	DELER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.) PI	RONOUNCED DEAD (Hour)
一出 5 21d.	★] * * * * * * * * * *	●集事業等を与して 13.3		
NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTE	NDÍNG PHYSICIAN, MEDICAL EXAMÍNE	22d. ON 22 R. OR CORONER). (Type or Print.)	LICENSE NUMBER
	Te Oran an Na	- TY	Minden, NV 89423	
REGISTRAR /	unes Hapas 1701		REGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO	23b. 7134
	1/1/2		TEGESTRAN BING DAY, TEST DEATH DUE TO COM	MIMUNICABLE DISEASE
24a. (Signature)	er Racham	A 24b. anies	(1) 21 9/10 4 24c. YES□	NO KI
25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER LINE	The still was made on the still for the still		Interval between onset and o
	MUTATIC C	ANCER to K	RAIN	•
DUE TO, OR AS A	CONSEQUENCE OF:		**************************************	• Interval between onset and o
(b)				:
DUE TO, OR AS A	CONSEQUENCE OF:			Interval between onset and controls
,	•			
PART OTHER SIGNIFICANT	CONDITIONS—Conditions contributing	g to death but not resulting in the underly	ing cause given in Part 1. AUTOPSY (Spec	Ty WAS CASE REFERRED TO
ii,		· · · · · ·	Yes or N	CORONER (Specify Yes or N.
ACC SUBCIDE HOM HINDET 1	DATE OF INJURY (Mo., Day, Yr.) HO	LIP OF BUILDY	^{26.} no	^{27.} no
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, 11.)	UR OF INJURY DESCRIBE HO	W INJURY OCCURRED	
(Specify) 28a.	28b. 28c			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm building, etc. (S)	, street, factory, office LOCATION.	STREET OR R.F.D. No. CITY	OR TOWN STATE
28e.	28f.	28g.	SEATT	
	/ /			ΟΓΟΛΛΛ
			· · · · · · · · · · · · · · · · · · ·	
	OTATE S	EGISTRAR	No	o.252000

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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 2 1 2004

vonne Sylva 0609111 This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

