

A.P.N. 1220-22-410-156

REQUESTED BY
Cartis Nelson
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2004 APR -1 PM 2:56

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID Ka DEPUTY

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, ANNA W. NELSON, surviving joint tenant, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of RAYMOND C. NELSON and that the Affiant and the said RAYMOND C. NELSON, deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 20th day of August, 2003, under the terms of which THIRD NELSON LIMITED PARTNERHSIP, a Nevada Limited Partnership was Grantor to: RAYMOND C. NELSON and ANNA W. NELSON, husband and wife as joint tenants, upon the terms, covenants and provisions as set forth therein, said document recorded August 26, 2003, in Book 0803 at Page 13790, as Document No: 587759, Official Records of Douglas County, Nevada.

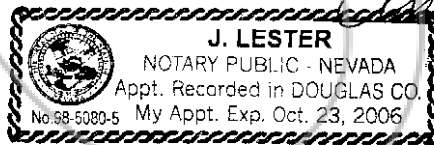
Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 967, as shown on themap of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

That the said RAYMOND C. NELSON, one of the Grantees in the Joint Tenancy Deed, died on the 6th day of March 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, ANNA W. NELSON, as of the date of decedent's death.

Dated: 3-26-04

STATE OF NEVADA
COUNTY OF DOUGLAS



Anna W. Nelson
ANNA W. Nelson

On 3-26-04, before me, the undersigned, a Notary Public in and for said County, personally appeared ANNA W. NELSON, 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.

Signature [Signature]
NOTARY PUBLIC

WHEN RECORDED MAIL TO:
/ Anna W. Nelson
1487 Mary Jo Drive
Gardnerville, NV 89460

0609113

BK0404PG00471

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

TYPE
PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
BOOK
REGARDING
COMPLETION OF
VITAL RECORDS

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LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Raymond C. NELSON		2. March 6, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Evergreen Care Center		3e. Inpatient	
SEX		4. Male	
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.	
AGE—Last Birthday (Years)		7a. 88	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b.		7c.	
DATE OF BIRTH (Mo., Day, Yr.)		8. May 30, 1915	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Minnesota		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 8413		14a. Machinist	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		14b. Steel Industry	
15d. Mary Jo Dr.		15e. Yes	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. Henry A. Nelson	
MOTHER—MAIDEN NAME First Middle Last		17. Cecelia Johnson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Anna Nelson - Wife		18b. 1487 Mary Jo Dr, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
19c. Carson City, Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
20a. [Signature]		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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. 3/9/04		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2220		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
22e. AT		LICENSE NUMBER	
23a. David S. Hoskins M.D., 1664 Hwy 395, Minden, NV 89423		23b. 4628	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. March 11, 2004	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Fatal Cardiac Arrhythmia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Ischemic Cardiomyopathy		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Chronic Obstructive Pulmonary Disease		Interval between onset and 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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. Yes	
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 252609

04561

CERTIFIED COPY OF VITAL RECORDS

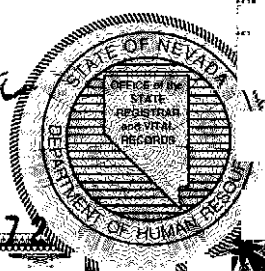
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 11 2004

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



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