

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

2004 APR -2 PM 3: 21

WERNER CHRISTEN
RECORDER

\$15.00 PAID KY DEPUTY

APN: 1420-28-310-026
Escrow No. Accomodation

When Recorded Return to:
Margaret D. Fitzmorris
2867 San Gabriel
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA } ss:
COUNTY OF WASHOE

Margaret D. Fitzmorris , of legal age, being duly sworn, deposes and says
That William Everett Fitzmorris the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as William E. Fitzmorris named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 27,2002 executed by Roberta Lynne Muller, Executrix of the Estate of Stanley Edwin Halverson to William E. Fitzmorris and Margaret D. Fitzmorris as joint tenants, recorded as Instrument No. 0551505 , on September 5,2002 in Book 0902 Page 1295 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 75 in Block D as shown on the FINAL MAP #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT NO. 4, a Planned Unit Development, recorded in the office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 500, page 4445, as Document No. 492337, and by Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, Document No. 504169.

Assessor's Parcel No. 1420-28-310-026

Dated:

Margaret D. Fitzmorris
Margaret D. Fitzmorris

SUBSCRIBED AND SWORN TO before me on this 29th day of March 2004

[Signature]
NOTARY PUBLIC

STACEY ZIEGLER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 92-2846-2 - Expires September 13, 2004

SPACE BELOW FOR RECORDER

0609257

BK0404PG01118

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**

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. William Everett FITZMORRIS		2. January 22, 2004		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. Minden		3c. 2867 San Gabriel Drive		3e. 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.		AGE—Last Birthday (Years)	
5. White		6. 7a. 63		7b. 7c.	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Utah		9b. USA		10. 14	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. 6285		14a. Game Warden		11. Married	
RESIDENCE—STATE		COUNTY		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Douglas		14b. Law Enforcement	
FATHER—NAME		MOTHER—MAIDEN NAME		SURVIVING SPOUSE (If wife, give maiden name)	
16. Robert Fitzmorriss		17. Ruth Chivington		12. Margaret Denney	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Margaret Fitzmorriss		18b. 2867 San Gabriel Drive, Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Anatomical Donation		19b. University Of NV Reno		19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 09		20c. Walton's Douglas County Mortuary 1478 4th St., Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. [Signature]		21b. 1/27/04		21c. 2155	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. Andrea Miller, M.D.		22a. [Signature]		22b. [Signature]	
21d. 1374 Bridle Way, Minden, NV 89423		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. 8912		22d. ON		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. January 28, 2004		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) Cardio-pulmonary arrest		Interval between onset and death			
(b) metastatic renal cell cancer		Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.	

STATE REGISTRAR

No. 246995

I3607

CERTIFIED COPY OF VITAL RECORDS

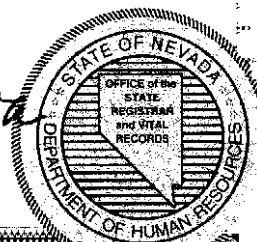
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 28 2004

STATE REGISTRAR

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



Wynne Sylvia
0609257
BK0604 PG01119