

A.P.N. # 1420-28-211-030
ESCROW NO. 040701057
RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

**DAVID H. BURNS
2919 HOT SPRINGS ROAD
MINDEN, NV. 89423**

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 APR 12 PM 3:39

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

(Space Above for Recorder's Use Only)

AFFIDAVIT

By Surviving Spouse Succeeding to Title to Community Property
With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes
A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

DAVID H. BURNS, of legal age, being first duly sworn, deposes and says:
That **PEGGY BURNS**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **PEGGY BURNS**
named as one of the parties in that certain **GRANT DEED** dated **September 14, 2000**
executed by **H & S CONSTRUCTION, INC.**, a Nevada corporation
to **DAVID BURNS and PEGGY BURNS**
husband and wife, as Community Property, With Right of Survivorship, recorded as Document No. **0501887**
on **October 23, 2000**, in Book **1000** Page **4318**, of Official Records of
DOUGLAS County, State of Nevada, affecting the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

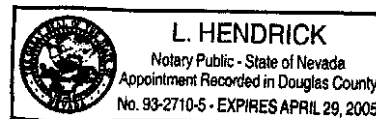
That she/he was married to **PEGGY BURNS**
at the time of death of decedent. That no transfers of interest by either **PEGGY BURNS**
nor **DAVID H. BURNS**, have occurred in regards to the herein described community
property estate. That **PEGGY BURNS** did not execute a Will in conflict with
Right of Survivorship set forth in the above mentioned deed. That **PEGGY BURNS**
died on **May 30, 2001** at **CARSON CITY, NV.**
as set forth in the attached Certificate of Death.

DATE: **April 06, 2004**

David H. Burns

DAVID H. BURNS

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS.



This instrument was acknowledged before me on April 06, 2004
by, DAVID H. BURNS

Signature *L. Hendrick*

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0609992

BK 0404 PG 05339

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 040701057

The land referred to herein is situated in the
State of Nevada, County of DOUGLAS
City of MINDEN described as follows:

Lot 2, Block A, 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 0500,
Page 4445, as Document No. 492337, and as shown on
Certificate of Amendment recorded November 30, 2000, in
Book 1100, Page 6042, as Document No. 504169.

ASSESSOR'S PARCEL NO. 1420-28-211-030

0609992

BK0404PG05340

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

031139

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

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Peggy Rae BURNS			DATE OF DEATH (Month, Day, Year) 2 May 30, 2001		
2. CITY, TOWN OR LOCATION OF DEATH Carson City			3a. COUNTY OF DEATH Carson City		
3b. Carson City			3c. Carson-Tahoe Hospital		
3d. Carson City			3e. Inpatient		
3f. Female			3g. Female		
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			5. DATE OF BIRTH (Mo., Day, Yr.) July 15, 1949		
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.			7a. AGE—Last Birthday (Years) 51		
7b. UNDER 1 YEAR MOS : DAYS			7c. UNDER 1 DAY HOURS : MINS		
8. STATE OF BIRTH (if not U.S.A., name country) Wisconsin			9. CITIZEN OF WHAT COUNTRY U.S.A.		
10. Decedent's Education. Specify highest grade completed. 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
12. SURVIVING SPOUSE (if wife, give maiden name) David H. Burns			13. SOCIAL SECURITY NUMBER 6445		
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired). Clerical			14b. KIND OF BUSINESS OR INDUSTRY Banking		
15a. RESIDENCE—STATE Nevada			15b. COUNTY Douglas		
15c. CITY, TOWN, OR LOCATION Minden			15d. STREET AND NUMBER 2919 Hot Springs Road		
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			16. FATHER—NAME First Middle Last Ewald Dietrich		
16. MOTHER—MAIDEN NAME First Middle Last Grace Pickleman			17. INFORMANT—NAME (Type or Print) David Burns		
18a. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2919 Hot Springs Road, Minden, Nevada 89423			19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		
19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Ben</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 9		
20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 89706			21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Bawamia</i>		
21b. DATE SIGNED (Mo., Day, Yr.) 6/1/01			21c. HOUR OF DEATH 0540		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bawamia, A.M.			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) <i>Bawamia</i>		
22b. PRONOUNCED DEAD (Mo., Day, Yr.)			22c. PRONOUNCED DEAD (Hour)		
22d. ON			22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. A. Bawamia, 775 Fleischmann, Carson City, Nevada 89703			23b. LICENSE NUMBER 9431		
24a. REGISTRAR (Signature) <i>Leta A. Kachona</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 1, 2001		
24c. 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)) PART I (a) Coma due to status epilepticus from opiate: DUE TO, OR AS A CONSEQUENCE OF: (b) withdrawal DUE TO, OR AS A CONSEQUENCE OF: (c) Advanced SLE		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a		
28b. DATE OF INJURY (Mo., Day, Yr.)			28c. HOUR OF INJURY M		
28d. DESCRIBE HOW INJURY OCCURRED			28e. INJURY AT WORK (Specify Yes or No)		
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		
28h. STREET OR R.F.D. No.			28i. CITY OR TOWN		
28j. STATE			28k. STATE		

No. 182800

STATE REGISTRAR

Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JUN 01 2001

0609992

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0404P605341

