FIRST CENTENNIAL

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2004 MAY 21 PM 3: 04

WERNER CHRISTEN RECORDER

PAID COL DEPUTY

APN: 1420-28-210-021 Escrow No. 00130181 - JN

When Recorded Return to: JOSEPH J. BATISTIC PO Box 5921 Incline Village, NV 89450

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA COUNTY OF CARSON CITY } ss:

JOSEPH J. BATISTIC, of legal age, being duly sworn, deposes and says

That MARILYN BATISTIC, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARILYN BATISTIC named as one of the parties in that certain CORPORATION GRANT DEED dated September 8, 1997, executed by DI LORETO CONSTRUCTION AND DEVELOPMENT INC., to JOSEPH J. BATISTIC AND MARILYN BATISTIC, husband and wife as joint tenants, recorded as Instrument No. 0421453 on September 11, 1997 in Book 0997, Page 2214 of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

Dated: May 19, 2004

SUBSCRIBED AND SWORN TO before me on this 19th day of May, 2004.

NOTARY PUBLIC

No: 94-4583-5 - 130-559 August 26, 2007

C. ACEVES Notary Public - State of Nevada Appointment Recorded in Douglas County

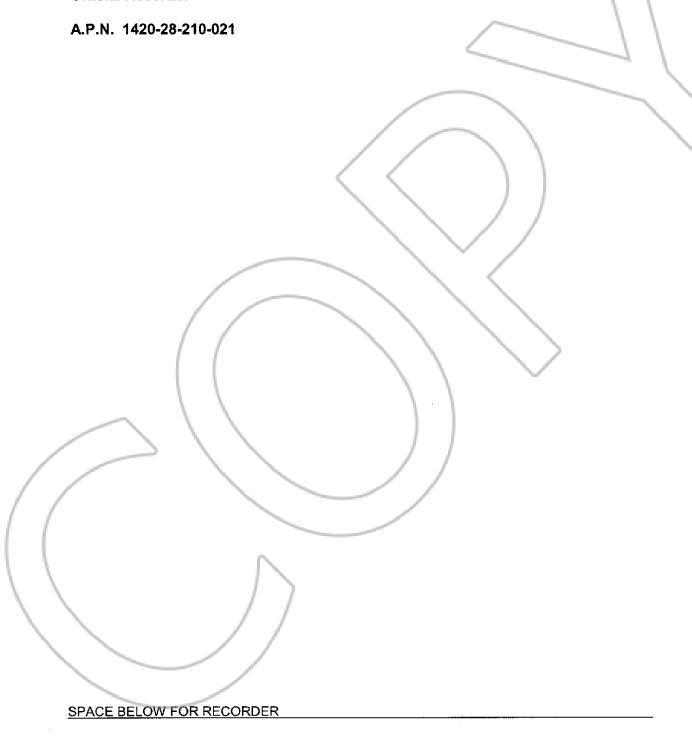
SPACE BELOW FOR RECORDER

0613804

BK 0504 PG 10237

Exhibit A

Lot 27, of the Final Map for SARATOGA SPRINGS ESTATES UNIT 2, a Planned Unit Development, filed in the Office of the Douglas County Recorder, State of Nevada, on May 23, 1994, in Book 594, Page 3894, as Document No. 338088 and amended by Document recorded July 8, 1994, in Book 794, Page 1165, as Document No. 341498, Official Records.



0613804 BK0504PG10238

CERTIFICATIO DEPARTMENT OF

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

2003 0 0 1 7 7 6 3 CERTIFICATE OF DEATH ROLL 113 IMAGE 154 3490 LOCAL FILE NUMBER STATE FILE NUMBER DATE OF DEATH (Month, Day, Year) DECEASED---NAME COUNTY OF DEATH PRINT Marilyn BATISTIC ²December 21, 2003 3ª Washoe RMANEM HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp, or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) CITY, TOWN OR LOCATION OF DEATH **3** Inpatient 4 Female Sparks CEDENT UNDER 1 YEAR DATE OF BIRTH (Mo., Day, Yr.) -(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify ☐ yes ☑ no If yes, ☐ AGE—Last specify Mexican, Cuban, Puerto Rican, etc. ☐ A Birthday (Years) UNDER 1 DAY MOS : DAYS 7a. 64 White 7b. September 14,1939 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUN-Decedent's Education. Specify highest SURVIVING SPOUSE (If wife, give maid F DEATH INSTITUTION EE HANDBOOK BEGARDING ¹²Joseph Batistic Hawaii U.S.A 10. USUAL OCCUPATION (Give Working Life, Even if Retired) SOCIAL SECURITY NUMBER KIND OF BUSINESS OF INDUSTRY 83 MAPLETION OF Medicine 8268 Registered Nurse SIDENCE ITEMS STREET AND NUMBER 1287 RESIDENCE—STATE CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes 15c. Minden 15aSanta Fe Court 15a. Nevada 150. Douglas FATHER-NAME MOTHER-MAIDEN NAME Last RENTS Daniel F. Mendes 17 Josephine Joseph INFORMANT—NAME (Type or Print) ¹™ Joseph Batistic 18b 1287 Santa Fe Court. Minden. Nevada 89423 Sierra Crematory Cremation OSITION NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 09 20a. 🖿 20c 1745 Sullivan Lane, Sparks, Nevada 89431 (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH DATE SIGNED (Mo. Day 12/12/0 0145 22b. RTIFIER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 236 West Sixth St. #100 Reno. NV 89503 REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yz.) DEATH DUE TO COMMUNICABLE DISEASE DITIONS ANY 24b. December 23, 2003 Dep. 10 Interval between onset and des LINE FOR (a), (b), AND (c).) Interval between onset and death interval between onset and death DUE TO, OR WAS CASE REFERRED TO CORONER (Specify Yes or No) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 AUTOPSY 26. NO No DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. 284 INJURY AT WORK (Specify Yes or No) STREET OR R.F.D. No. CITY OR TOWN PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. 28e. 28a

STATE REGISTRAR

No.245644

49277

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:

MAY 1 9 2004

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



