

A.P.N. 1220-22-210-147
Escrow No: 247164

REQUESTED BY
MARQUIS TITLE & ESCROW

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

WHEN RECORDED MAIL TO:
Robert W. Sanders
1427 Bumblebee Lane
Gardnerville, NV 89410

2004 JUN 21 PM 2:47

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID *Bh* DEPUTY

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, ROBERT W. SANDERS being first duly sworn, deposes and says:

That Affiant is the surviving spouse of ANGELA SANDERS and that the Affiant and the said ANGELA SANDERS deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 12th day of February, 1999, under the terms of which FRANKLIN D. GOODSON AND DORIS H. GOODSON, husband and wife was Grantor to: ROBERT W. SANDERS AND ANGELA SANDERS, as husband and wife as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded February 26, 1999, in Book 0299 at Page 5994 as Document No: 0462128 of 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 615 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as Document No. 66512, Official Records of Douglas County, State of Nevada.

That the said ANGELA SANDERS one of the Grantees in the Joint Tenancy Deed, died on the 6TH day of April, 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, ROBERT W. SANDERS, as of the date of decedent's death.

Dated: *June 16, 2004*

Robert W. Sanders

ROBERT W. SANDERS

STATE OF NEVADA
COUNTY OF *Douglas*

On June 16, 2004, before me, the undersigned, a Notary Public in and for said County, personally appeared Robert W. Sanders, 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

SUSAN LAPIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 02-74683-5 - Expires March 21, 2006

0616695

BK0604 PG10396

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 OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

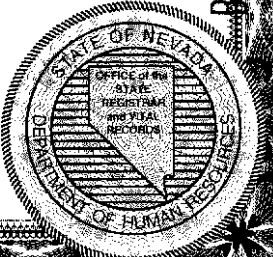
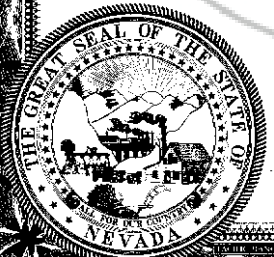
POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. <u>Angeline Angela G. SANDERS</u>		2. <u>April 6, 2004</u>		3a. <u>Douglas</u>			
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)		SEX	
3b. <u>Gardnerville</u>		3c. <u>1427 Bumblebee Drive</u>		3e.		4. <u>Female</u>	
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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. <u>White</u>		6.		7a. <u>59</u>		a. <u>May 3, 1945</u>	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <u>California</u>		9b. <u>U.S.A.</u>		10. <u>14</u>		11. <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. <u>1215</u>		14a. <u>Hair Stylist</u>		14b. <u>Cosmetology</u>		12. <u>Robert W. Sanders</u>	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. <u>Nevada</u>		15b. <u>Douglas</u>		15c. <u>Gardnerville</u>		15d. <u>1427 Bumblebee Dr</u>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. <u>Yes</u>	
16. <u>James Howland Vosburg</u>		17. <u>Gloria Frances Boyd</u>					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <u>Robert W. Sanders</u>		18b. <u>1427 Bumblebee Drive Gardnerville, NV 89460</u>					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. <u>Cremation</u>		19b. <u>Carson Sierra Crematory</u>		19c. <u>Carson City Nevada</u>			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <u>Jimmy Burns</u>		20b. <u>09</u>		20c. <u>Society 1614 N. Curry St. Carson City, NV 89703</u>			
21a. To the best of my knowledge, death occurred on the above date and place and due to the cause(s) stated. (Signature and Title)		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)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. <u>4-7-4</u>		21c. <u>10:40</u>		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. <u>ON</u>		22e. <u>AT</u>			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. <u>Steven Brown M.D. 925 Ironwood #2105 Minden, Nevada 89423</u>		23b. <u>7273</u>					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <u>Vera A. Kucharp</u>		24b. <u>April 7, 2004</u>		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 (a) <u>LUNG CANCER</u>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART (b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART (c)						Interval between onset and death	
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)			
1. <u>metastases to BRAIN</u>		26. <u>No</u>		27. <u>No</u>			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. <u>M</u>		28d.	
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.			



07166 STATE REGISTRAR **CERTIFIED COPY OF VITAL RECORDS**

No.244974

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: **APR 07 2004**

Yvonne Sylva
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PK-060-DC-10-2-97