

A.P.N.: 1420-07-411-036

When Recorded Mail to:

✓ Saundra K. Lawrence
3423 Tourmaline Drive
Carson City, NV 89705

REQUESTED BY
Saundra Lawrence
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL -7 AM 11:48

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID *K2* DEPUTY

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, SAUNDRA K. LAWRENCE being first duly sworn, deposes and says:

That Affiant is the surviving spouse of DAVID L. LAWRENCE and that the Affiant and the said DAVID L. LAWRENCE, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated March 28, 2002, under the terms of which Saundra K. Lawrence, a married woman who acquired title as Saundra K. Hicks, an unmarried woman was Grantor to: DAVID L. LAWRENCE and SAUNDRA K. LAWRENCE, husband and wife as joint tenants, upon the terms, covenants and provisions as set forth therein, said document recorded March 28, 2002, in Book 0302, at Page 10852, as Document No. 538216, of Official Records of Douglas County, Nevada.

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

Lot 65, as shown on the Official Map of RIDGEVIEW ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972, as Document No. 63503.

Together with an undivided 1/83 interest in and to all the common area shown as Parcel A, as set forth on said subdivision.

That the said DAVID L. LAWRENCE one of the Grantees in the Joint Tenancy Deed, died on the 12th day of January, 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, SAUNDRA K. LAWRENCE, surviving joint tenant, as of the date of decedent's death.

Dated: July 7, 2004

STATE OF NEVADA
COUNTY OF DOUGLAS



Saundra K. Lawrence
SAUNDRA K. LAWRENCE

On July 7, 2004, before me, the undersigned, a Notary Public in and for said County, personally appeared SAUNDRA K. LAWRENCE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her 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 
NOTARY PUBLIC

0618085

BK 0704 PG 02245

**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 OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. David Lee LAWRENCE		2. January 12, 2004	
CITY, TOWN OR LOCATION OF DEATH		3a. Carson City	
3b. Carson City		3c. Carson Tahoe Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		4. Male	
5. White		3e. Emergency Room	
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)	
6.		7a. 49	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Alaska		8. April 29, 1954	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9b. U.S.A.		11. Married	
CITIZEN'S EDUCATION. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name) (Specify Yes or No)	
10. 14 Years		12. Saundra Caldwell	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED] 8953		14a. Mill Supervisor	
RESIDENCE—STATE		14b. Manufacturing	
15a. Nevada		15b. Douglas	
COUNTY		CITY, TOWN, OR LOCATION	
15c. Carson City		STREET AND NUMBER	
15d. 3423 Tourmaline Dr.		INSIDE CITY LIMITS (Specify Yes or No)	
15e. Yes		FATHER—NAME First Middle Last	
16. Lewis Lawrence		MOTHER—MAIDEN NAME First Middle Last	
17. Vera Foreman		INFORMANT—NAME (Type or Print)	
18a. Saundra Lawrence - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18b. 3423 Tourmaline Drive, Carson City, NV 89705		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
19a. Cremation		CEMETERY OR CREMATORY—NAME	
19b. FitzHenry's Crematory		LOCATION City or Town State	
19c. Carson City, Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER	
20b. 217		NAME AND ADDRESS OF FACILITY	
20c. 833 N. Edmonds Drive, Carson City, NV 89701		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
21b. [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.	
DATE SIGNED (Mo., Day, Yr.)		22b. [Signature and Title]	
21c. HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 2-25-04	
21e. HOUR OF DEATH		22d. ON 1-12-04	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22e. AT 1530	
23a. Ruth Beseler, Deputy Coroner, 897 E. Musser St., Carson City, NV 89701		LICENSE NUMBER	
23b. 9307		REGISTRAR	
24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24b. February 25, 2004		DEATH DUE TO COMMUNICABLE DISEASE	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. 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	
PART I (a) atherosclerotic and hypertensive cardiovascular disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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)	
26. yes		27. yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
28a.		DATE OF INJURY (Mo., Day, Yr.)	
28b.		HOUR OF INJURY	
28c. M		DESCRIBE HOW INJURY OCCURRED	
28d.		INJURY AT WORK (Specify Yes or No)	
28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28f.		LOCATION	
28g.		STREET OR R.F.D. No.	
28h.		CITY OR TOWN	
28i.		STATE	

STATE REGISTRAR

No.251988

02363

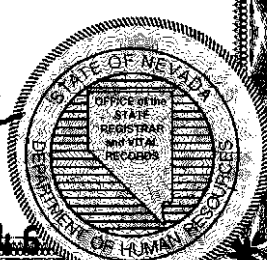
CERTIFIED COPY OF VITAL RECORDS

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: FEB 25 2004

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Yvonne Sylva

0518085
704 PG 2246
BK 0704 PG 02246