

15-

REQUESTED BY  
Gloria Dunn  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 JUL 28 PM 12:07

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> PAID KJ DEPUTY

A.P.N. 1220-21-810-030

Mailing Address:

✓ Gloria Dunn  
658 Joette Drive  
Gardnerville, NV 89460

AFFIDAVIT BY SURVIVING JOINT TENANT

The undersigned, GLORIA G. DUNN being first duly sworn, deposes and says:

That Affiant is the surviving Joint Tenant of RUTH A. WOOD and that the Affiant and the said RUTH A. WOOD deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 5th day of January, 1993, under the terms of which JAMES GOLDBERG and LORI GOLDBERG was Grantor to: GLORIA G. DUNN, an unmarried woman and RUTH A. WOOD, an unmarried woman together as Joint Tenants with right of survivorship, upon the terms, covenants and provisions as set forth therein, said document recorded January 29, 1993, in Book 193 at Page 4524 as Document No: 298485 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 93, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

That the said RUTH A. WOOD one of the Grantees in the Joint Tenancy Deed, died on 13TH day of July, 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, GLORIA G. DUNN, a married woman as of the date of decedent's death.

Dated: July 27, 2004

Gloria G. Dunn  
GLORIA G. DUNN

STATE OF NEVADA  
COUNTY OF NEVADA

On July 27, 2004, before me, the undersigned, a Notary Public in and for said County, personally appeared Gloria G. Dunn, 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

0619949

BK 0704 PG 11998

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Ruth Alice WOOD		2. July 13, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)	
3c. 658 Joette Drive		3e.	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6.		8. July 18, 1907	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 96		11. Divorced	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Colorado		12.	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 15		14b. Medical Field	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	
13. 1798		14a. Podiatrist	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 658 Joette	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Llewlyn Wood		17. Cora Gould	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Gloria G. Dunn		18b. 658 Joette Dr., Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>James Dermody</i>		20b. 09	
NAME AND ADDRESS OF FACILITY		20c. 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. (Signature and Title) <i>Ralph Herbig</i>		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>Ralph Herbig</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 7/14/2004		21c. 0750	
22b. DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
22c.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
22e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Ralph Herbig, D.O., 1540 Hwy 395 Suite E, Gardnerville, NV 89410		23b. 984	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Christine Kanne</i>		24b. July 16, 2004	
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).)		Interval between onset and death	
PART I (a) <i>Cardiac and respiratory failure</i>		minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Cerebrovascular accident</i>		months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)			
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. NO		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 264070

41783

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:

JUL 16 2004

0619949

STATE REGISTRAR

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

BK 0704 PG 11999

