

A.P.N. # 1420-07-112-002  
 ESCROW NO. 040302209  
 RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

2004 AUG 12 PM 4: 03

WERNER CHRISTEN  
 RECORDER

\$16<sup>00</sup> PAID of DEPUTY

WHEN RECORDED MAIL TO:

**MAUREEN J. BRENNAN**  
 872 RIDGE CREST DRIVE  
 CARSON CITY, NV 89705

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
 } ss.  
 COUNTY OF **DOUGLAS** }

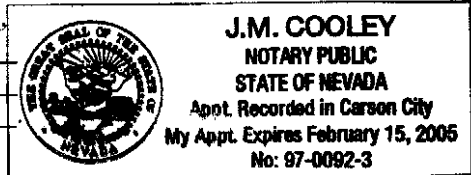
**MAUREEN J. BRENNAN**, of legal age, being first duly sworn, deposes and says: That **JAMES CHARLES BRENNAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JAMES C. BRENNAN** named as one of the parties in that certain **DEED** dated **May 08, 2001** executed by **SYNCON HOMES, A NEVADA CORPORATION** to **JAMES C. BRENNAN and MAUREEN J. BRENNAN, husband and wife** as joint tenants, recorded as Instrument No. **515782**, on **June 04, 2001** in Book **0601** Page **0876**, of Official Records of **DOUGLAS** County, Nevada, covering the following described property situated in **DOUGLAS** County, State of Nevada:  
**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

DATE: **August 09, 2004**

*Maureen Brennan*  
 MAUREEN J. BRENNAN

STATE OF Nevada }  
 } ss.  
 COUNTY OF DOUGLAS }

This instrument was acknowledged before me on 8-10-04  
 by MAUREEN J. BRENNAN



Signature *J.M. Cooley*  
 Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0621312

BK0804 PG05252

**EXHIBIT "A"**

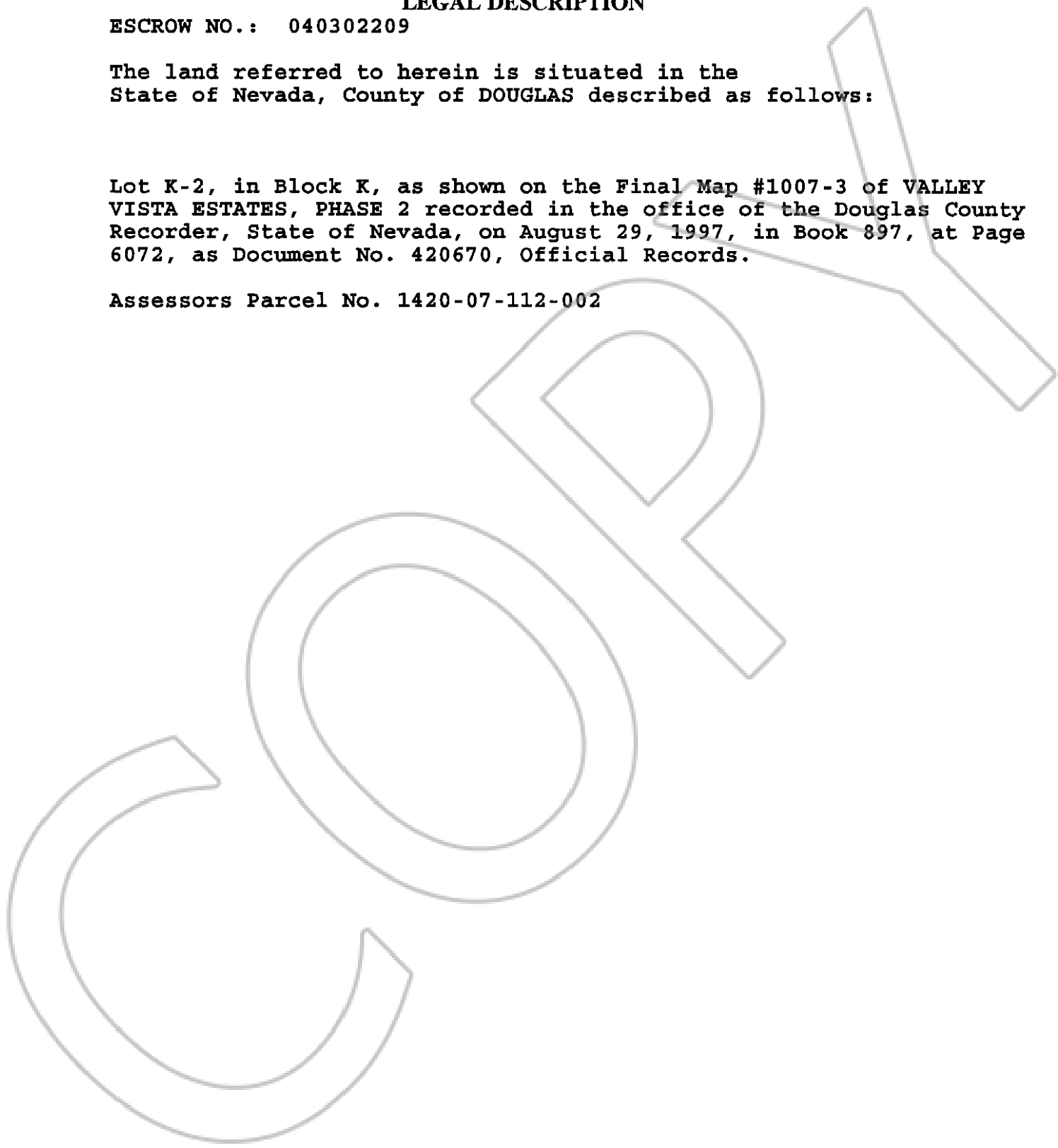
**LEGAL DESCRIPTION**

**ESCROW NO.: 040302209**

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

**Lot K-2, in Block K, as shown on the Final Map #1007-3 of VALLEY VISTA ESTATES, PHASE 2 recorded in the office of the Douglas County Recorder, State of Nevada, on August 29, 1997, in Book 897, at Page 6072, as Document No. 420670, Official Records.**

**Assessors Parcel No. 1420-07-112-002**



0621312

BK0804PG05253

**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	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1.	James	Charles	Brennan	2. January 8, 2004	3a. Douglas
DECEDENT	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. Carson City		3c. 872 Ridge Crest Drive		3e. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 62	7b. :	7c. :	September 23, 1944
PARENTS	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)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a. Iowa	9b. U.S.A.	10. 18	11. Married	12. Maureen Guest	
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. 3362	14a. Bond Manager	14b. Insurance			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Carson City	15d. 872 Ridge Crest	15e. No	
CAUSE OF DEATH	FATHER—NAME	MOTHER—MAIDEN NAME	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	16. James Brennan	17. Nora Nolan	18. 872 Ridge Crest Drive, Carson City, NV 89706			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. <i>[Signature]</i>	20b. 217	20c. 833 N. Edmonds Drive, Carson City, NV 89701			
CAUSE OF DEATH	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)		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)			
	21b. January 8, 2004		21c. 1219		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT	
	23a. Christopher Highley, M.D., 1200 Mountain St., Carson City, NV		23b. 1108		LICENSE NUMBER	
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i>	24b. January 9, 2004	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
	PART I (a) Metastatic Liver Cancer		Interval between onset and death			
CAUSE OF DEATH	PART II 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)	
	26. No		26. No		27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.	28b.	28c. M	28d.		
CAUSE OF DEATH	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.			

STATE REGISTRAR

No. 251978

I0643

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:

JAN 12 2004

0621312

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

*[Signature]*  
 STATE REGISTRAR  
 612 804  
 0804 65254

