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A.P.N. # 1320-30-311-039 DOUGLAS CO. A ESCROW NO. RECORDING REQUESTED BY: 2004 AUG 17 PH 1:56 STEWART TITLE COMPANY WERNER CHRISTEN 5/6. PAID BU WHEN RECORDED MAIL TO: DANA LIVINGSTON 849 LARCHWOOD MINDEN NV 89423 (Space Above for Recorder's Use Only) AFFIDAVIT By Surviving Spouse Succeeding to Title to Community Property With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT of legal age, being first duly sworn, deposes and says: DANA K. LIVINGSTON , the decedent mentioned in the attached certified copy That MARK H. LIVINGSTON of Certificate of Death, is the same person as MARK H. LIVINGSTON named as one of the parties in that certain DEED dated 🥒 July 28, 2000 executed by THE FAMILY TRUST OF H. GENE CARNES AND PHYLLIS I. CARNES, to Mark H. Livingston & Dana K. Livingston, husband & wife husband and wife, as Community Property, With Right of Survivorship, recorded as Document No. 0496639 on July 28, 2000 , in Book 700 , Page 4700, of Official Records of County, State of Nevada, affecting the following described property: DOUGLAS SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF That she/he was married to MARK H. LIVINGSTON at the time of death of decedent. That no transfers of interest by either MARK H. LIVINGSTON nor DANA K. LIVINGSTON , have occurred in regards to the herein described community property estate. That MARK H. LIVINGSTON did not execute a Will in conflict with MARK H. LIVINGSTON Right of Survivorship set forth in the above mentioned deed. That at 13 Aug 00D as set forth in the attached Certificate of Death. DATE: August 16, 2004 Nuvada STATE OF } ss COUNTY OF_ DOUGLAS W

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

This instrument was acknowledged before me on DANA K. LIVINGSTON

Signature

ones aug 17, 2001

My Appointment Expires April

NOTARY PUBLIC

STATE OF NEVADA

County of Douglas
LORRAINE DIEDRICHSEN

Lot 11, Block C, as set forth on the Final Map of WESTWOOD VILLAGE, UNIT NO. III, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 31, 1989, in Book 889, Page 4564, as Document No. 209883, Official records of Doug



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

ı				Į.	CERTIFICATE	. OF DEA	AIII	4.00	-061	0071	
		CAL FILE NUMBER							STATI	E FILE NUMBER	
TYPE OR PRINT	DECEASED-	-NAME First		Middle Last			DATE OF DEATI	H (Month, Day, Year)		COUNTY OF DEATH	
IN PERMANENT	1. Mar		Harri	rison LIVINGSTON				t 13, 2002		3a Douglas	
BLACK INK	CITY, TOWN	OR LOCATION OF D	EATH	HOSPITAL OR OTHER I	NSTITUTION—Name (If not	either, give stre	et and number)	If Hosp, or Inst, indi Rm, inpatient (Spec	cate DOA, OP/E	mer. SEX	
DECEDENT		nden			chwood Way			3e.	4	4 Male	
OF0EDEW!	RACE(e.g., Indian	White, Black, America i, etc.) <i>(Specify)</i>	n Was D specify	lecedent of Hispanic Origin Mexican, Cuban, Puerto F	? Specify □ yes 录no If yes Rican, etc. — X	, AGE—Last Birthday (Ye	ears) UNDER			OF BIRTH (Mo., Day, Yr.)	
	5. Whit		6.			7a. 56	7b.	7c.		ay 12, 1946	
IF DEATH OCCURRED IN	STATE OF BII	RTH name country)	CIT TR	NZEN OF WHAT COUN-	Decedent's Education. Si grade completed.	pecify highest	MARRIED, NEW	VODOED	SURVIVING	SPOUSE (If wife, give maiden name	
institution See Handbook	9a. New York 9b SOCIAL SECURITY NUMBER US W 13. 13. 14			onling and a remain			(Specify Darried 12. Dana Smit)			na Smith	
REGARDING COMPLETION OF							96 KIND OF BUSINESS OR INDUSTRY				
RESIDENCE ITEMS				14a. Pharmacist CITY, TOWN, OR LOCATION			14b. Hospita1 STREET AND NUMBER INSIDE CITY LIMITS				
			COUNTY		CITY, TOWN, OR COCATIO	/N	7	V.		(Specify Yes or No)	
	> 15a. Neva		15b. Dou	glas Middle	15c. Minden	THER—MAIDE		<u>849 Larchw</u> First	ood War	y 15e. Yes Last	
PARENTS						THEY WHILE	7		мидше	Lasi	
		erman -NAME (Type or Prin		<u>Livingston</u>	,17. MAILING ADDRESS		Ros	e R.F.D. No., City or Tow	Berl	ky	
	1									_	
DISPOSITION	18a. Dat BURIAL, CREI	<u>1a Liv</u> MATION, REMOVAL,	/ingst OTHER (Spe	On city) CEMETERY	186. 849 I OR CREMATORY—NAME	archwo	od Way,	Minden NV	8942 City or Town		
	19a.			196 57 - 1	ton's Sierra	Cmara		196 C	. 01	Warra I.	
	FUNERAL DIF	emation RECTOR— <i>SIGNATUE</i>	E	FUNERAL D LICENSE NI	DRESS OF FA						
· [(Or Rerson Ac 20a.	aing as Such)	حر	20b. Q	- A	Fourth		nden. NV		Mortuary 53	
	≥ 21a. To	the best of my knowle e to the cause(s) state	edge, death o	occurred at the time, date a		2	2a. On the basis	of examination and/or in	vestigation, in	ny opinion death occured and manner stated.	
ĈERTIFIER		ignature and Title				8-7	Sign ture Ou 1	· • • • • • • • • • • • • • • • • • • •	((a) (a) (a) (a) (a) (a)	de 1066	
	To be Completed by CERTIFYING PHYSICIAN VIII PHYSIC	DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH					so Date signed (Mo., Day, Yr.) HOUR OF DEATH				
	SS 211	b.	//	2tc.	14.	1 2 35	20. 8-11	5-02-	22c.	2113	
GHIIII	전투 전투	ME OF ATTENDING	PHYSICIAN I	FOTHER THAN CERTIF	ER (Type or Print)	<u>\$</u> 8 €	PRONOUNCED D	EAD (Mo., Day, Yr.)	PRONOUNCE	ED DEAD (Hour)	
							22d. ON 8/1		22e. AT 2		
	N/A	ME AND ADDRESS	OF CERTIFIE	R (PHYSICIAN, ATTENDI	NG PHYSICIAN, MEDICAL E	XAMINER, OR	CORONER). (Ty	pe or Print.)	LIC	CENSE NUMBER	
(^a Kathleei	Tadi	ch. Coroner	P.O. Box 2	18 Min	den, NV	89423	238		
CONDITIONS IF ANY	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE										
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature 25. IMMEDIAT	1.00	TER ONLY OF	NE CAUSE PER LINE FOR	24b. (LL	gust	10,20	24c. YES	NO[K]	val between onset and death	
CAUSE STATING THE	/		- N		3 J. F. J.		A Service		:	and doubt	
UNDERLYING CAUSE LAST	PART (a)	Gunsho DUE TO, OR AS A	CONSEQUEN	nd through.	chest				• Interv	/al between onset and death	
- 1/. [/ (***				
		DUE TO, OR AS A	CONSEQUEN	ICE OF:		, ill'	· · · · · · · · · · · · · · · · · · ·		• Interv	/al between onset and death	
	(c)			The state of the s							
CAUSE OF DEATH		HER SIGNIFICANT O	CONDITIONS	-Conditions contributing to	death but not resulting in th	e underlying car	use given in Part	1. AUTOPSY (or No. CORC	CASE REFERRED TO DNER (Specify Yes or No)	
-2	IL			\wedge				26. No	27.	Yes	
\	ACC., SUICID	E, HOM., UNDET., INVEST.	DATE OF INJ	URY (Mo., Day, Yr.) HOUR	OF INJURY DESC	RIBE HOW INJ	URY OCCURRED)	•	<u> </u>	
\	(Specify) 28a. St	uicide	^{28b.} 8/1	J/2002 Z	.113 M 28d.		elf wit				
\	INJURY AT W (Specify Yes o		PLACE OF II	NJURY—At home, farm, st building, etc. (Spec	reet, factory, office LOCA		STREET OR		CITY OR TOW	N STATE	
1	28e. No		28f. A	t home	28g.	849 L	archwoo	d Way, Mir	den, N	V. 89423	
7		M	-					•	_	24132	
	OF OF M		and the same of th	STATE RE	GISTRAR			1	70. <u>~</u>	アイエング	



This is to certify that the above is a true and correct copy of the certificate on file in this office.

DEC 1 2 2002

State Registrar