

A.P.N. # 1022-10-002-104
ESCROW NO. 040102351
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 SEP -8 PM 3:39

WERNER CHRISTEN
RECORDER

s. He PAID bl DEPUTY

WHEN RECORDED MAIL TO:

IRENE H. CROSS
P.O. BOX 1325
MARIPOSA, CA 95338

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

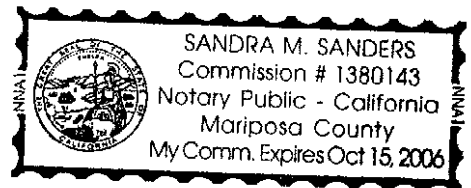
IRENE H. CROSS, of legal age, being first duly sworn, deposes and says: That CLIFFORD L. CROSS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLIFFORD L. CROSS named as one of the parties in that certain _____ dated _____ executed by _____ to CLIFFORD L. CROSS AND IRENE H. CROSS as joint tenants, recorded as Instrument No. 237809, on 10/30/90 in Book 1090, Page 4599, 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: Sept. 3,
~~August 30,~~ 2004

Irene H. Cross 9-3-04
IRENE H. CROSS

STATE OF California }
COUNTY OF Mariposa } ss.

This instrument was acknowledged before me on Sept. 3, 2004 by IRENE H. CROSS



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

0623657

BK0904PG02517

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		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Clifford Lewis CROSS		2. March 4, 2004		3a. Douglas		COUNTY OF DEATH	
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. Gardnerville		3c. Carson Valley Medical Center		3e. Emergency Room		4. Male	
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. White		6.		7a. 86		7b. : 7c. : September 28, 1919	
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. Wisconsin		9b. U.S.A.		10. 14 Years		11. Married	
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. 0520		14a. Nurseryman		14b. Plants Industry		12. Irene Cano	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Wellington		15d. Zeolite Cir 3840	
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
16. Robert D. Cross		17. Mary Winifred Bartholomew					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Irene Cross - Wife		18b. 3840 Zeolite Cir, Wellington, NV 89444					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21. 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>[Signature]</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>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 03/08/2004		21c. 1600		22b. : 22c. :			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Judith E. Rosso D.O., 1107 Hwy 395, Gardnerville, NV 89410		23b. 750					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. March 10, 2004		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) Respiratory arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Myocardial Infarction		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Coronary Artery Disease		DUE TO, OR AS A CONSEQUENCE OF:		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. YES					
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.	
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.			

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

9623657
08518
K0904P60251



STATE REGISTRAR

No.252608

04456

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:

MAR 10 2004

[Signature]
STATE REGISTRAR



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

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 040102351

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

Lot 158, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464.

Assessor's Parcel No. 1022-10-002-104

0623657

BK0904PG02519