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APN 07-073-340

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

✓ Peter Adamco, Esq.
The Law Offices of Peter P. Adamco
P.O. Box 1564
Zephyr Cove, NV 89448

MAIL TAX STATEMENT TO:

Pamela Irwin
543 Indian Creek Drive
Trophy Club, TX 76262-8310

REQUESTED BY
Peter Adamco
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 NOV -4 AM 10: 00

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID 3e DEPUTY

AFFIDAVIT OF SURVIVORSHIP

STATE OF TEXAS)
 :ss.
COUNTY OF)

PAMELA IRWIN, as surviving spouse of the deceased, Alvin Blakely Irwin, III (aka Blake Irwin), being first duly sworn, deposes and says that affiant is over the age of twenty one (21) years and competent to be a witness as to the matter hereinafter stated.

That affiant is the person named as one of the grantees in that certain deed recorded June 12, 2000, as Document No. 0493872, in Book 0600, Page 2451, of the official records in the office of the County Recorder of Douglas County, State of Nevada, pursuant to which the grantees, husband and wife, took title as community property with right of survivorship.

The property subject to ownership as community property with right of survivorship is an undivided fee simple interest in and to that certain real property more particularly described as follows:

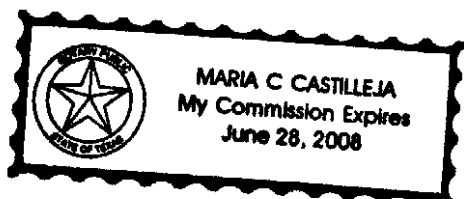
Lot 90, as shown on the map of LAKE VILLAGE UNIT NO. 2-E, filed in the Office of the County Recorder on October 18, 1972, as Document No. 62363, Official Records of Douglas County, State of Nevada.

That Alvin Blakely Irwin, III (who took title as Blake Irwin) was one of the grantees named in said deed and is the identical person in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. Decedent died on the 28th day of July, 2004, in the City of Trophy Club, County of Denton, State of Texas.

Pamela Irwin
PAMELA IRWIN

SUBSCRIBED and SWORN to before me this
13 day of October, 2004.

Maria C. Castilleja
NOTARY PUBLIC



0628458

BK 1104 PG 02273

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

COUNTY OF DENTON

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

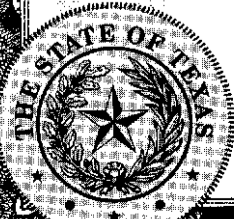
VS-112 REV. 9/95

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN ALVIN BLAKELY IRWIN III				2. SEX MALE	3. DATE OF DEATH JULY 28, 2004
4. DATE OF BIRTH AUGUST 24, 1941	5. AGE (IN YEARS) 62	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) MEMPHIS, TENNESSEE	7. SOCIAL SECURITY NO. ██████████ 3423		
8. RACE WHITE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 14	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) PAMELA MONAGHEN		14a. DECEDENT'S USUAL OCCUPATION PRESIDENT	14b. KIND OF BUSINESS OR INDUSTRY STEEL FABRICATION	
15a. RESIDENCE STREET ADDRESS 543 INDIAN CREEK DRIVE				15b. CITY OR TOWN TROPHY CLUB	
15c. COUNTY DENTON		15d. STATE TEXAS	15e. ZIP CODE 76262		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME ALVIN BLAKELY IRWIN, JR.			17. MOTHER'S MAIDEN NAME MARGARET LOUISE STONE		
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
19. COUNTY OF DEATH DENTON		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) TROPHY CLUB		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 543 INDIAN CREEK DRIVE	
22. INFORMANT -- SIGNATURE & RELATIONSHIP <i>Pamela Irwin</i> WIFE			23. MAILING ADDRESS OF INFORMANT 543 INDIAN CREEK DR., TROPHY CLUB, TEXAS 76262		
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) MOORE MEMORIAL GARDENS		25b. GOOD SHEPHERD Block B Lot 27 Space 5 Unknown <input type="checkbox"/>	
26. LOCATION (CITY, STATE) ARLINGTON, TEXAS		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>James J. Jennings</i> 11369		28. DATE OF DISPOSITION JULY 30, 2004	
29. NAME & ADDRESS OF FUNERAL HOME MOORE FUNERAL HOME		30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE }			
31. SIGNATURE & TITLE OF CERTIFIER <i>Barry Firstenberg</i> D.O.			32. DATE SIGNED 7-29-04	33. TIME OF DEATH 2:10 A.M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER DR. BARRY A. FIRSTENBERG, D.O., 906 WEST RANDOL MILL ROAD, ARLINGTON, TEXAS 76012					
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>subdural pulmonary failure</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. <i>Abdominal Carcinomas</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. <i>Squamous Cell Carcinoma of the base of Tongue</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. <i>Stroke</i>					Approximate Interval Between Onset and Death secs days
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) <i>On lateral neck metastases</i>			36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	41a. DATE OF INJURY	41b. TIME OF INJURY M.	41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)					
41f. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 10-105-04		42b. DATE RECEIVED BY LOCAL REGISTRAR August 05, 2004		42c. SIGNATURE OF LOCAL REGISTRAR <i>Willard French</i>	

13438

0628458

BK 1104 PG 02274



THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE. ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

DATE ISSUED: **AUG 05 2004**

Willard French
WILLARD FRENCH, JUSTICE OF THE PEACE PCT. 4
DENTON COUNTY, TEXAS

