

A.P.N. # 1320-02-001-108
ESCROW NO. 040802761
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC -7 PM 3:24

WERNER CHRISTEN
RECORDER

\$ 17.00 PAID KJ DEPUTY

WHEN RECORDED MAIL TO:
WILLIAM JOHNSTON
781 LAS OLAS DRIVE
APTOS, CA 95003

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

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

WILLIAM H. JOHNSTON _____, of legal age, being first duly sworn, deposes and says: That **E. ANNE JOHNSTON** _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **E. ANNE JOHNSTON** _____ named as one of the parties in that certain **GRANT DEED** _____ dated **January 03, 1961** executed by **JAMES R. LOWELL AND GLADYS L. LOWELL, Husband and Wife** to **WILLIAM H. JOHNSTON and E. ANNE JOHNSTON, His Wife** as joint tenants, recorded as Instrument No. **17136** _____, on **January 17, 1961** in Book **4** _____, Page **795** _____, of Official Records of **DOUGLAS** County, Nevada, covering the following described property situated in **DOUGLAS** County, State of Nevada:

DATE: **November 18, 2004**

William H. Johnston

WILLIAM H. JOHNSTON

STATE OF _____ }
 } ss.
COUNTY OF _____ }

This instrument was acknowledged before me on _____,
by, **WILLIAM H. JOHNSTON** _____

See Attached

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

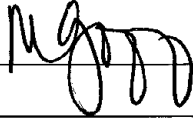
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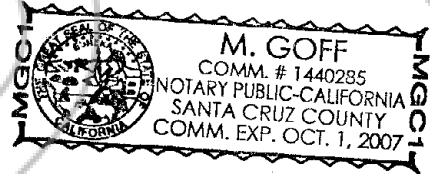
STATE OF CALIFORNIA }
COUNTY OF SANTA CRUZ } SS.

On December 2, 2004 before me, the undersigned a Notary Public,
personally appeared William H. Johnston

personally known to me (or proven to me on the basis of satisfactory evidence) to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument. WITNESS my hand and official seal.

Signature 
M. Goff

Name (Typed or Printed)
Notary Public in and for said County and State



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

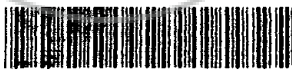
3-2002-44-000628

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VE-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) E.		2. MIDDLE ANNE		3. LAST (FAMILY) JOHNSTON			
4. DATE OF BIRTH M/M/DD/CCYY 11/08/1922		5. AGE YRS. 79		6. SEX FEMALE		7. DATE OF DEATH M/M/DD/CCYY 05/17/2002	
8. HOUR 2158		9. STATE OF BIRTH CALIFORNIA		10. SOCIAL SECURITY NO. 6264		11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 13		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. USUAL EMPLOYER SELF-EMPLOYED		17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS HOMEMAKING		19. YEARS IN OCCUPATION 50	
20. RESIDENCE (STREET AND NUMBER OR LOCATION) 781 LAS OLAS DR.							
21. CITY APTOS		22. COUNTY SANTA CRUZ		23. ZIP CODE 95003		24. YRS IN COUNTY 23	
25. STATE OR FOREIGN COUNTRY CALIFORNIA		26. NAME, RELATIONSHIP WILLIAM H. JOHNSTON HUSBAND					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 781 LAS OLAS DR. APTOS, CA. 95003		28. NAME OF SURVIVING SPOUSE—FIRST WILLIAM		29. MIDDLE H		30. LAST (MAIDEN NAME) JOHNSTON	
31. NAME OF FATHER—FIRST ROBERT		32. MIDDLE F.		33. LAST WILLIAMS		34. BIRTH STATE WV	
35. NAME OF MOTHER—FIRST ELSIE		36. MIDDLE A.		37. LAST (MAIDEN) STAIB		38. BIRTH STATE WV	
39. DATE M/M/DD/CCYY 05/23/2002		40. PLACE OF FINAL DISPOSITION HUSBAND'S RESIDENCE: 781 LAS OLAS DR. APTOS, CA.					
41. TYPE OF DISPOSITION(S) CREMATION-RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR PACIFIC GARDENS CHAPEL		45. LICENSE NO. FD 799		46. SIGNATURE OF LOCAL REGISTRAR <i>Paul E. Hazleton</i>		47. DATE M/M/DD/CCYY 05/22/2002	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY SANTA CRUZ	
105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 781 LAS OLAS DR.		106. CITY APTOS		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CONGESTIVE HEART FAILURE			
108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO CAUSE GIVEN IN 107) ATRIAL FIBRILLATION, ANEMIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 02/--/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>W Morris MD</i> W MORRIS MD 1595 SQUEL DR SANTA CRUZ CA 95065		116. LICENSE NO. G 077167		117. DATE M/M/DD/CCYY 05/21/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP W MORRIS MD 1595 SQUEL DR SANTA CRUZ CA 95065		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. # 000622	
130. CENSUS TRACT		131. STATE REGISTRAR					

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SEAL



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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY RECORDER.

DATE ISSUED **NOV 17 2004** *Heidi Davis*

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

Paul E. Hazleton

GARY E. HAZELTON
COUNTY RECORDER



EXHIBIT "A"

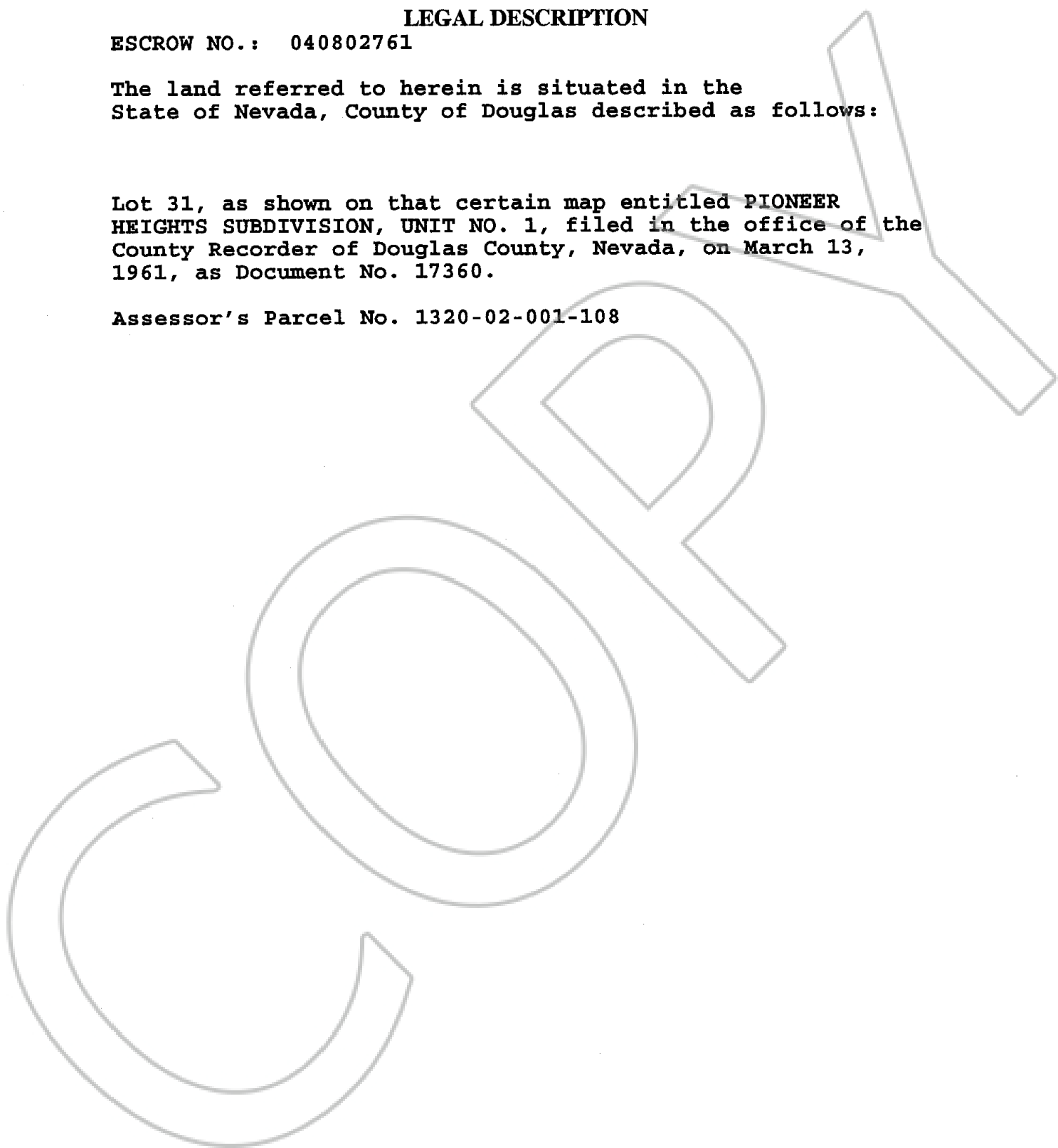
LEGAL DESCRIPTION

ESCROW NO.: 040802761

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

Lot 31, as shown on that certain map entitled PIONEER HEIGHTS SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on March 13, 1961, as Document No. 17360.

Assessor's Parcel No. 1320-02-001-108



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