A.P.N. #_ 1022-16-002-005 ESCROW NO. 030100373 RECORDING REQUESTED BY: STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

LINDA J. LOCKWOOD 4190 Red Canyon Avenue Wellington, Nevada 89444 REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2004 DEC 13 PM 3: 21

WERNER CHRISTEN RECORDER

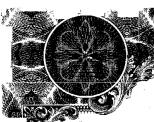
\$/6 PAID K& DEPUTY

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

AFFIDAVII - DEATH OF SOUVE TENAIVE
STATE OF NEVADA } } ss.
COUNTY OF DOUGLAS }
LINDA J. LOCKWOOD , of legal age, being first duly sworn, depose
and says: That JANETTE M. DEFORREST , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JANETTE M. DEFORREST named as one of the parties in that certain DEED dated June 12, 2003 executed by JANETTE M. DEFORREST
to JANÉTTE M. DEFORREST, AN UNMARRIED WOMAN AND LINDA J. *
as joint tenants, recorded as Instrument No. 580021 , on June 13, 2003 in Book 603 , Page 6762 , of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in County, State of Nevada: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
*LOCKWOOD, A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY
DATE Describer 20 2004 State of the proof
DATE: December 09, 2004 LINDA J. LOCKWOOD
STATE OF Nevada
COUNTY OF DOUGLAS SUZANNE CHEECHOV NOTARY PUBLIC STATE OF NEVADA
This instrument was acknowledged before me on 12 13 04 by, LINDA J. LOCKWOOD Appl. Recorded in Douglas County Style Superson June 25, 2007
\
Signature- Lyane Cheecher
Notary Public (One Inch Margin on all sides of Document for Paccarday's Use Only)

0631716 BK1204PG05590



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 D	DEATH \	\
LOCAL FILE NUMBER			\	STATE FILE NUMBER
DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
Janette		DEFORREST	² August 4, 2004	3a. Douglas
CITY, TOWN OR LOCATION OF DEAT	H HOSPITAL OR OTH	ER INSTITUTION -Name (If not either, give	street and number) If Hosp, or Inst. indicate	DOA, OP/Emer. SEX
3b. Wellington	зс. 4190 Б	Red Canyon Rd.	Rm. Inpatient (Specify)	t t
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		rigin? Specify Dyes Kino If yes, AGE-L	ast UNDER 1 YEAR UNDER 1 DA	4. Female
Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Pue 6.	rto Rican, etc. Birthday	(Years) MOS DAYS HOURS MI	NS,
STATE OF BIRTH	CITIZEN OF WHAT COU			8. June 6, 1918 SURVIVING SPOUSE (If wife, give maiden name
(If not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	The state of the s
9a California SOCIAL SECURITY NUMBER	9b. U.S.A.	10. 12 Years Sive Kind of Work Done During Most of	(Specify) Widowed KIND OF BUSINESS OR INDUSTRY	12.
	Working Life, Even if Reti	iréd)	KIND OF BUSINESS OR INDUSTRY	
13. RESIDENCE—STATE CO	14a. UNTY	Homemaker	14b. Own Home	
	되어 그 말이 얼굴하였다면 왜	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada 15b	0	15c Wellington	15d 1536 Rearl	Road 15e. Yes
FATHER—NAME First	Middle	Last MOTHER—MA	IDEN NAME First	Middle Last
16. Jesse	W.	Summers 17.	Pauline	West
INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, S	State, Zlp)
18a Linda Lockwood	- Daughter	18b. 4190 Red C	anyon Rd, Wellingto	n. NV 89444
BURIAL, CREMATION, REMOVAL, OTH	HER (Specify) CEMETE	RY OR CREMATORY—NAME		City or Town State
19a. Cremation	196.	FitzHenry's Cremat	orv 19c Carso	n City, Nevada
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)	FUNERA	L DIRECTOR NAME AND ADDRESS OF	FACILITY FitzHenry's Car	con Valley Funeral
20a. 1 1 1 1 1 1	20b. 2	17 20c Home, 1	380 Hwy 395, Gardne	wills NV 00410
z 21st 70 the best of my knowledge	e, death courred at the time, da	ate and place and	22a. On the basis of examination and/or investat the time, date and place and due to the	stigation, in my opinion death occurred
Δ0 //	//i/VV	2. VIII 5	at the time, date and place and due to the	ne cause(s) and manner stated.
DATE SIGNED (Mo., Day, Y	r.) HOUR OF D	EATH 5	Signature and Title) DATE SIGNED (Mo., Day, Yr.)	OUR OF DEATH
(Signature and Title) DATE SIGNED (Mo., Day, Y ED OZE DATE SIG	04 210	0807		2c.
NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERT	0007	9	RONOUNCED DEAD (Hour)
으로 Ö 21 d .		P	3	HOHOGHOED DEAD (Notif)
	ERTIFIER (PHYSICIAN ATTE	NDING PHYSICIAN, MEDICAL EXAMINER,	22d. ON 2	2e. AT
	\ \			LICENSE NUMBER
REGISTRAR	Miller M.D.,	1374 Bridle Way, N	Minden, NV 89423 EGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO	23b. 8912
1 / 1/	1 1/ 0	100	EGISTHAH (MD., Day, Yr.) DEATH DUE TO CO	MMUNICABLE DISEASE
24a. (Signature) 25. IMMEDIATE CAUSE (ENTER	A. Kass	any 240. allgust	10 2004 24c. YES□	NO 🙀
25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LINE	FOH J H, (6), AND (C).)		interval between onset and death
PART (6) elles	Quaren	janne		•
DUE TO, OR AS A CON	SEQUENCE OF:		À	Interval between onset and death
10 CMRC	strue.	heart fail	eure	•
DUE TO, OR AS A CON	SEQUENCE OF:	11.21		Interval between onset and death
· a diabe	tes m	ellites		•
PART OTHER SIGNIFICANT COND	OTTIONS—Conditions contributing	g to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (Spec	WAS CASE REFERRED TO CORONER (Specify Yes or No)
has	Eilensi		26. No	(o=
ACC., SUICIDE, HOM., UNGEL., DATE OR PENDING INVEST.	E OF INJURY (Mo., Day, Yr.) HO	UR OF INJURY DESCRIBE HOW	INJURY OCCURRED	No No
(Specify)	280	. M 28d.		
INJURY AT WORK PLA	CE OF INJURY—At home, farm	, street, factory, office LOCATION.	STREET OR R.F.D. No. CIT	Y OR TOWN STATE
(Specify Yes of No)	building, etc. (S	pecify)		JIN'E
28f. 28f.	//_	28g.		
			N _i	o. 267705
	STATE R	EGISTRAR	14	
		No.		The state of the s



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered an placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

38500

AUG 1 0 2004

STATE REGISTRAR This copy is not valid unless prepared on engraved border displaying date, seal and hature of flegister.



EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030100373

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

Lot 3, in Block U, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessor's Parcel No. 1022-16-002-005

