

APN 1320-34-002-006

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

MAIL TAX STATEMENTS TO:

Joseph M. Cirone and
Cynthia Tate Cirone
1446 Orchard Road
Gardnerville, NV 89410

REQUESTED BY
Rachelle Nicolle Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC 14 AM 8:09

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID *KJ* DEPUTY

AFFIDAVIT OF DEATH OF JOINT TENANT

We, JOSEPH M. CIRONE and CYNTHIA TATE CIRONE, being duly sworn
say:

1.) We are both 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as HARVEY L. TATE, who is named with us as one of the parties in the deed dated July 29, 2002, executed by HARVEY L. TATE, a single man, and granted to HARVEY L. TATE, a single man and JOSEPH M. CIRONE and CYNTHIA TATE CIRONE, husband and wife as joint tenants, ALL TOGETHER AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded on October 27, 2004, as Instrument No. 0627829 in Book 1004, Page 11788, in the Recorders Office of Douglas County, Nevada, covering the following described property situated in the County Douglas, State of Nevada:

All that real property situate in County of Douglas, State of Nevada described as follows:

All that certain lot, place, parcel or portion of land situate, lying and being within the Southeast $\frac{1}{4}$ of Section 34, Township 13 North, Range 20 East, M.D.M., Douglas County, Nevada and more particularly described as follows:

All that portion of Parcel 3-A as shown on the Parcel Map for William C. Adams and June R. Adams, filed for record in Book 184, at page 5480 as Document Number 95192, Official Records of Douglas County, Nevada described as follows:

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Commencing at the Southwest corner of Parcel 3-A as shown on aforesaid map, which point is the TRUE POINT OF BEGINNING; thence along the Western boundary line of said Parcel 3-A North 00°30'42" West a distance of 302.75 feet to the Northwest corner of said Parcel 3-A; thence along the Northern boundary line of said Parcel 3-A North 89°29'00" East a distance of 49.87 feet to a point on the Old Virginia Ditch easement; thence continuing along said Northern boundary line North 89°41'53" East a distance of 203.65 feet to a point on the centerline of Orchard Road as shown on aforesaid map; thence along said centerline South 19°04'28" East a distance of 251.39 feet to an angle point; thence continuing along said centerline South 22°05'55" East a distance of 69.91 feet to a point on the Southern boundary line of aforesaid Parcel 3-A; thence along said Southern boundary line South 89°42'02" West a distance of 308.97 feet to a point on the Old Virginia Ditch easement; thence continuing along said Southern boundary line South 89°40'23" West a distance of 50.29 feet to the Southeast corner of said Parcel 3-A and the TRUE POINT OF BEGINNING.

Subject to all of the easements affecting the above described parcel as shown on the aforesaid map, which includes a 25 foot public access easement lying Southerly and Westerly of the centerline of Orchard Road as shown on aforesaid map.

Also shown as a portion of Parcel 3A on record of Survey Map recorded July 21, 1999, in Book 799, Page 3613, Document No. 472913.

NOTE: (NRS 111.312): The above metes and bounds description appeared previously in that certain DEED, recorded in the office of the County Recorder of Douglas County, Nevada on DEED, as Document No. 474794, of Official Records.

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Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2.) As a result of the death of HARVEY L. TATE, we affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the remaining surviving joint tenants, we are now the owners of the above-described real property, and together possess ownership over such property.

IN WITNESS WHEREOF, dated: November 29, 2004.

Joseph M. Cirone
JOSEPH M. CIRONE

Cynthia Tate Cirone
CYNTHIA TATE CIRONE

CERTIFICATE OF NOTARY PUBLIC

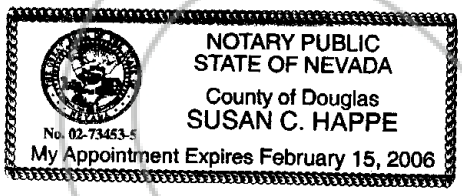
State of Nevada)

County of Douglas)

Signed and sworn to before me on November 29, 2004 by JOSEPH M. CIRONE and CYNTHIA TATE CIRONE.

WITNESS my hand and official seal.

Susan C. Happe
NOTARY PUBLIC



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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) HARVEY		3. LAST (Family) TATE	
2. MIDDLE LEE		4. DATE OF BIRTH mm/dd/yyyy 04/10/1925	
5. AGE Yrs. 79		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 10/18/2004		8. HOUR (24 Hours) 2255	
9. BIRTH STATE/FOREIGN COUNTRY Colorado		10. SOCIAL SECURITY NUMBER 6511	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Widowed	
13. EDUCATION — Highest Level (Degree) (See worksheet on back) HS Graduate		14/15. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) White		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED Warehouse Manager	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Sugar Processing		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number or location) 503 East Sunset Avenue			
21. CITY Santa Maria		22. COUNTY/PROVINCE Santa Barbara	
23. ZIP CODE 93454		24. YEARS IN COUNTY 54	
25. STATE/FOREIGN COUNTRY California		26. INFORMANT'S NAME, RELATIONSHIP Cindi Tate Cirone, Daughter	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1446 Orchard Road, Gardnerville, NV 89410		28. NAME OF SURVIVING SPOUSE — FIRST —	
29. MIDDLE —		30. LAST (Maiden Name) —	
31. NAME OF FATHER — FIRST Morgan		32. MIDDLE Edward	
33. LAST Tate		34. BIRTH STATE CO	
35. NAME OF MOTHER — FIRST Etta		36. MIDDLE Fay	
37. LAST (Maiden) Miner		38. BIRTH STATE IA	
39. DISPOSITION DATE mm/dd/yyyy 10/22/2004		40. PLACE OF FINAL DISPOSITION Santa Maria Cemetery, 1501 South College Drive, Santa Maria, CA 93454	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	
43. LICENSE NUMBER 6316		44. NAME OF FUNERAL ESTABLISHMENT Dudley-Hoffman Mortuary	
45. LICENSE NUMBER FD-56		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy 10/20/2004		101. PLACE OF DEATH Marian Medical Center	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> TR/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/CLC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> City <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Santa Barbara		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1400 East Church Street	
106. CITY Santa Maria		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) → Blunt Force Craniocerebral Trauma Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (discuss in injury that initiated the events resulting in death) LAST (B) Mechanical Fall (C) Hypertension, Coronary Artery Disease, Legal Blindness. (D) Yes, Placement of Right Frontal Ventricular Catheter 10/16/2004.	
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Days C-04-1003		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Days	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. Hypertension, Coronary Artery Disease, Legal Blindness.			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) Yes, Placement of Right Frontal Ventricular Catheter 10/16/2004.			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER Michael J. Carlson, Deputy Coroner	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ---		117. LICENSE NUMBER ---	
118. DATE mm/dd/yyyy 10/20/2004		119. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER Michael J. Carlson, Deputy Coroner	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 10/15/2004	
122. HOUR (24 Hours) 1349		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) City Sidewalk.	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) Witnessed event. Victim fell while walking on sidewalk in front of his house.			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) 500 Block East Sunset Avenue, Santa Maria, CA 93454.			
126. SIGNATURE OF CORONER/DEPUTY CORONER <i>[Signature]</i>			
STATE REGISTRAR		FAX AUTH. # 9076	
B		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } SS

DATE ISSUED **10/21/2004**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

[Signature]
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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

