

A.P.N. # 1220-21-710-064  
ESCROW NO. 040703117  
RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

DOC # **0634677**  
01/18/2005 02:34 PM Deputy: KLJ  
**OFFICIAL RECORD**  
Requested By:  
**STEWART TITLE**

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-105 PG- 5863 RPTT: 0.00



WHEN RECORDED MAIL TO:

**PHYLLIS A. APOSTOLE**  
1803 WEST WELSFORD DRIVE  
SPRING, TX 77386

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

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

PHYLLIS A. APOSTOLE, of legal age, being first duly sworn, deposes and says: That JAMES J. APOSTOLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES J. APOSTOLE named as one of the parties in that certain GRANT, BARGAIN SALE DEED dated March 20, 2003 executed by JAMES J. APOSTOLE, SUCCESSOR TRUSTEE OF THE REVOCABLE to JAMES J. APOSTOLE AND PHYLLIS A. APOSTOLE, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 0571238, on March 25, 2003 in Book 0303, Page 12137, 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: **November 23, 2004**

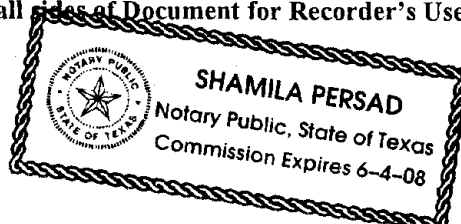
*Phyllis A. Apostole*  
PHYLLIS A. APOSTOLE

STATE OF Texas  
COUNTY OF Montgomery

This instrument was acknowledged before me on \_\_\_\_\_  
by, PHYLLIS A. APOSTOLE

Signature Shamila Persad

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



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

**ESCROW NO.: 040703117**

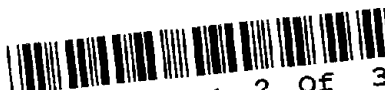
The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 568, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Assessors Parcel No. 1220-21-710-064

COOPY

0634677



Page: 2 of 3

BK- 105  
PG- 5864  
01/18/2005

# CERTIFICATION OF VITAL RECORD

## CITY OF HOUSTON, TEXAS, USA

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST <b>JAMES</b>			(b) MIDDLE <b>JOHN</b>		(c) LAST <b>APOSTOLE</b>		(d) MAIDEN		2. SEX <b>MALE</b>		3. DATE OF DEATH <b>SEPTEMBER 17, 2003</b>								
4. DATE OF BIRTH <b>NOVEMBER 1, 1919</b>			5. AGE (IN YEARS) <b>83</b>		IF UNDER 1 YR. MO. DAYS		IF UNDER 1 DAY HOURS MIN.		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>RICHMOND, VIRGINIA</b>		7. SOCIAL SECURITY NO. <b>8211</b>								
8. RACE <b>CAUCASIAN</b>			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+) <b>UNKNOWN</b>										
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) <b>Phyllis Richards</b>			14a. DECEDENT'S USUAL OCCUPATION <b>PAINTER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>COMMERCIAL/RESIDENTIAL</b>											
15a. RESIDENCE STREET ADDRESS <b>1803 W. WELSFORD DR.</b>									15b. CITY OR TOWN <b>SPRING</b>			15c. COUNTY <b>MONTGOMERY</b>		15d. STATE <b>TEXAS</b>		15e. ZIP CODE <b>77386</b>		15f. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. FATHER'S NAME <b>GEORGE APOSTOLE</b>						17. MOTHER'S MAIDEN NAME <b>STELLA ANGELOKIS</b>						18. PLACE OF DEATH (CHECK ONLY ONE)							
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)																			
19. COUNTY OF DEATH <b>HARRIS</b>			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>HOUSTON</b>			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>TRIUMPH HOSPITAL OF NORTHEAST HOUSTON</b>													
22. INFORMANT — SIGNATURE & RELATIONSHIP <b>PHYLLIS APOSTOLE WIFE</b>						23. MAILING ADDRESS OF INFORMANT <b>1803 W. WELSFORD DR., SPRING, TX. 77386</b>													
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" 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) <b>RESTHAVEN CREMATORY</b>			25b. Section Block Lot Space		29. NAME & ADDRESS OF FUNERAL HOME <b>EARTHMAN RESTHAVEN CHAPEL 13102 NORTH FREEWAY HOUSTON, TEXAS 77060</b>											
			26. LOCATION (CITY, STATE) <b>HOUSTON, TEXAS</b>			27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Jammy Monaghan #11673</i>		28. DATE OF DISPOSITION <b>SEPTEMBER 23, 2003</b>											
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>Daniele Thomas MD</i>						32. DATE SIGNED MO. DAY YEAR <b>09 19 03</b>		33. TIME OF DEATH <b>12:15 P. M.</b>											
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>DANIELE THOMAS, MD., 837 FM 1960 WEST, SUITE #105, HOUSTON, TEXAS 77090</b>																			
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. <b>Respiratory arrest</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF): <b>Severe congestive heart failure Pulmonary edema</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF): <b>Severe Ischemic Cardiomyopathy.</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):																			
35. 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.)																			
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 checked="" type="checkbox"/> NO													
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" 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. <input type="checkbox"/> YES <input type="checkbox"/> NO		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. <b>02-14015</b>			42b. DATE RECEIVED BY LOCAL REGISTRAR <b>SEPT. 22, 2003</b>			42c. SIGNATURE OF LOCAL REGISTRAR <i>Greg M. Hinson</i>													

WARNING: 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, 1988)

VS-112 REV. 9/95

BK- 105  
PG- 5865  
Page: 3 Of 3  
01/18/2005  
0634677

DATE ISSUED **SEP 26 2003**

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 of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

*Greg M. Hinson*  
Greg M. Hinson, Registrar  
BUREAU OF VITAL STATISTICS

