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OFFICIAL RECORD
Requested By:
JENKINS LAW OFFICE

APN: 1220-24-601-006
RECORDING REQUESTED BY:
JENKINS LAW OFFICE, PC

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0105 PG- 6643 RPIT: 0.00

RETURN RECORDED AFFIDAVIT TO:
William M. Cameron
P.O. Box 2441
Gardnerville, NV 89410



MAIL TAX STATEMENTS TO:
William M. Cameron
P.O. Box 2441
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

William M. Cameron, also known as William M. Cameron, Jr., does hereby
subscribe and swear under penalty of perjury that the following assertions are true:

1. That Merle H. Cameron was a grantee in that certain Deed, wherein
Charles M. Condron and Carey Condron are the grantors, and William M. Cameron and
Merle H. Cameron, husband and wife, as joint tenants with right of survivorship, are the
grantees, conveying to said grantees that certain lot, piece or parcel of land situate in Carson
City, state of Nevada, and more particularly described as follows:

(See Exhibit "A" attached hereto and incorporated herein
by this reference.)

That the said Deed was recorded on August 31, 1989, in the Official Records
of Douglas County, Nevada, in Book 0889, at Page 4821 as Document No. 210018.

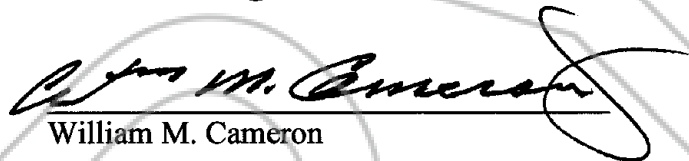
2. That Merle H. Cameron, one (1) of the grantees in said Deed, died on
October 13, 2004, in the county of Douglas, state of Nevada, and is the identical person

named in that certified copy of death certificate attached hereto as Exhibit "B" and incorporated herein by this reference.

3. That the affiant is the surviving spouse of the decedent and is the surviving joint tenant.

4. That this affidavit is executed pursuant to NRS 111.365.

DATED on 14th of January, 2005.


William M. Cameron

On 14th of January, 2005, personally appeared before me, a notary public, William M. Cameron, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that he executed the foregoing document.


NOTARY PUBLIC

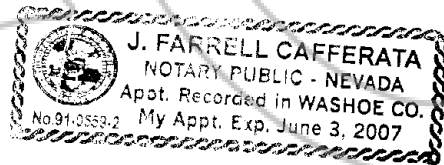


EXHIBIT "A"

All that certain parcel of real property situate in the county of Douglas, state of Nevada, more particularly described as follows:

THAT PORTION OF SECTION 24, TOWNSHIP 12 North, RANGE 20 East, MOUNT DIABLO BASE AND MERIDIAN, DESCRIBED AS FOLLOWS:

A PARCEL OF LAND LOCATED WITHIN A PORTION OF THE NORTHEAST ONE-QUARTER OF SECTION 24, TOWNSHIP 12 NORTH, RANGE 20 EAST, MOUNT DIABLO BASE LINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

COMMENCING AT THE WEST ONE-QUARTER CORNER OF SECTION 24, T12N, R20E, M.D.B.&M., THENCE EAST ALONG THE CENTERLINE OF ARABIAN LANE, 3,795.00 FEET PER DOCUMENT NO. 28264 TO THE SOUTHWEST CORNER OF THAT CERTAIN PARCEL OF LAND CONVEYED TO ANDREW T. MCCARTHY AND WIFE IN DEED RECORDED APRIL 23, 1974, IN BOOK 474, PAGE 585, AS DOCUMENT NO. 72838 OF OFFICIAL RECORDS: SOUTHEAST CORNER OF PARCEL NO 2 PER DOCUMENT NO. 75182; THENCE NORTH, 461.00 FEET TO THE POINT OF BEGINNING; THENCE WEST, 247.50 FEET; THENCE NORTH, 213.00 FEET TO THE CENTERLINE TO SORREL LANE; THENCE EAST ALONG SAID CENTERLINE, 247.50 FEET; THENCE NORTH, 213.00 FEET TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM A PORTION LYING WITHIN THE RIGHT-OF-WAY OF SORREL LANE, MORE PARTICULARLY DESCRIBED AS THE NORTHERLY 25.00 FEET OF ABOVE DESCRIBED PARCEL.

SAID LAND BEING A PORTION OF PARCEL 2 OF THAT CERTAIN PARCEL MAP RECORDED SEPTEMBER 6, 1974 AS DOCUMENT NO. 75182.

NOTE: THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED August 31, 1989, IN BOOK 889, PAGE 4822, AS INSTRUMENT NO. 210018.

Being Assessor's Parcel Number 1220-24-601-006.

STATE OF NEVADA

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 DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Merle H. CAMERON		2. October 13, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. Carson Valley Medical Center		3e. Inpatient Female	
RACE (e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. May 11, 1922	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. ██████████ 1682		12. William M. Cameron Jr.	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Retail Clerk		14b. Pharmacy Business	
RESIDENCE—STATE		STREET AND NUMBER	
15a. Nevada		15d. 1925 Sorrel Lane	
COUNTY		INSIDE CITY LIMITS (Specify Yes or No)	
15b. Douglas		15c. Gardnerville	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Mills		17. Adelaide Webster	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. William M. Cameron Jr.		18b. 1925 Sorrel Lane, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>Jammy Dermody</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 09		20c. 1478 4th St., Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 10/14/04		22b. 10/14/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0019		22c. 0019	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Andrea Miller, M.D., 1374 Bridle Way, Minden, Nevada 89423		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, Nevada 89423		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>Jaimie Evans</i>		23b. 8912	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. October 14, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) <i>Cardiac arrest</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Congestive heart failure</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. <i>Chronic renal failure</i>		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. 28b. 28c. M 28d.		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28e. 28f.		28g.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 268983

39921

CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: OCT 14 2004

This copy is not valid unless printed on this paper.



STATE REGISTRAR

BK- 0105
PG- 6646



Adelade Webster