

A.P.N. 1221-15-000-008

When Recorded Return to:
Scott J. Heaton
P.O. Box 605
Carson City, NV 89702

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0205 PG- 3074 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
CARSON CITY)

I, BARBARA SWINDLE, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

1. That JAMES SWINDLE died on the 20th day of November, 2004 in Carson City, State of Nevada, and that a copy of his death certificate is attached hereto as Exhibit "A".

2. That at the date of his death the said JAMES SWINDLE was an owner in joint tenancy with BARBARA SWINDLE of certain real property located in Douglas County, State of Nevada, and particularly described as follows, to wit:

SEE EXHIBIT "B" ATTACHED HERETO.

as evidenced by a Grant, Bargain and Sale Deed dated June 20, 1977; recorded on October 27, 1977, Official Records, File Number 14460, Book 1077, Page 1772.

3. That upon the death of the said JAMES SWINDLE, the said BARBARA SWINDLE became the sole owner of the above-described property as her sole and separate property.

DATED this 7 day of February, 2005.

Barbara Swindle
BARBARA SWINDLE

STATE OF NEVADA)
) ss.
CARSON CITY)

On this 7th day of February, 2005, personally
appeared before me, a Notary Public, BARBARA SWINDLE, who
acknowledged that she executed the within instrument.

Wendy A. McMartin
Notary Public

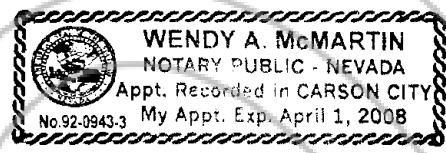


EXHIBIT "B"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southwest 1/4 of the Northwest 1/4 of Section 15, Township 12 North, Range 21 East, M.D.B. & M., more particularly described as follows:

COMMENCING at the center of said Section 15, thence North 89°40'31" West, a distance of 1,339.19 feet, to the True Point of Beginning; thence continuing North 89°40'31" West, a distance of 644.60 feet; thence North 0°51'10" East, a distance of 676.65 feet; thence South 89°40'31" East, a distance of 643.06 feet; thence South 0°43'21" West, a distance of 676.65 feet to the POINT OF BEGINNING.

Said land more fully shown as Parcel #3 as set forth on that certain Parcel Map 7 filed for record in the office of the County Recorder of Douglas County, Nevada, on September 23, 1977 as Document No. 13275 Official Records.

TOGETHER WITH a 50 foot road right-of-way for ingress and egress and more particularly described as follows:

COMMENCING AT the center of said Section 15, thence North 89°40'31" West, a distance of 1,983.79 feet; thence North 0°51'10" East, a distance of 676.65 feet to the True Point of Beginning; thence North 89°40'31" West, a distance of 50 feet; thence South 0°51'10" West, a distance of 50 feet; thence South 89°40'31" East, a distance of 50 feet; thence North 0°51'10" East, a distance of 50 feet to the POINT OF BEGINNING.

RESERVING unto the Grantor a 5 foot utility easement with incidents thereto along the South, East and West boundaries of said land and along the North 7.50 feet of said land.

TOGETHER WITH an easement for ingress and egress and incidental purposes (access road), over and across a strip of land 60 foot in width, more particularly described in instrument recorded September 28, 1977, in Book 977, Page 1643, Document No. 14320, Official Records of Douglas County, Nevada, said easement being appurtenant to said land.

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PET NRS 111.312, this legal description was previously recorded at Document No. 14460, Book No. 1077, Page No. ~~1772~~ 1772, on 10/27/77.



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. James Ancel SWINDLE		2. November 20, 2004	
CITY, TOWN OR LOCATION OF DEATH		3a. Carson City	
3b. Carson City		3c. Carson Tahoe Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6.		8. December 24, 1917	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Oklahoma		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 3583		14a. Owner-Operator	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		14b. Machinery	
COUNTY		CITY, TOWN, OR LOCATION	
15b. Douglas		15c. Gardnerville	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 2660 Bar J Road		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Alfred Swindle		17. Dessa Golden	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Barbara Swindle		18b. P.O. Box 1285 Gardnerville, NV 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. James Dermody		19c. Carson City Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 09		20c. Society 1614 N. Curry St. Carson City, NV. 89703	
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. 11/23/04		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 10:00		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. ALI BAWAMIA, MD		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Ali Bawamia, M.D. 775 Fleischmann Way Carson City, NV. 89703		22e. AT	
LICENSE NUMBER		REGISTRAR	
23b. 9431		24a. (Signature) Jaime Evans	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. November 23, 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) Septic shock with ischemic bowel			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) [REDACTED]			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) [REDACTED]			
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. NO		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	28h.

STATE REGISTRAR

No. 272054

29917

CERTIFIED COPY OF VITAL RECORDS

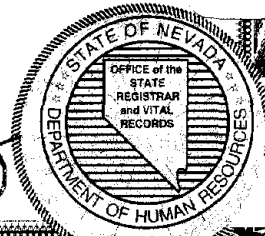
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

NOV 23 2004

Alfred Swindle
STATE REGISTRAR

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



BK- 0205
PG- 3077
0636333 Page: 4 of 4 02/09/2005

ALTERED ERASURE VOIDS THIS CERTIFICATE