6	

	DOC # 0637099 02/18/2005 12:47 PM Deputy: CF OFFICIAL RECORD Requested By: DARLENE BEST
A.P.N. # 1320-33-816-064	
ESCROW NO RECORDING REQUESTED BY:	Douglas County - NV Werner Christen - Recorder
STEWART TITLE COMPANY	Page: 1 Of 3 Fee: 16.00 BK-0205 PG-7100 RPTT: 0.00
WHEN RECORDED MAIL TO:	1 108/11 88/10 81/10 11/1/1 11/1/1 11/1/1 11/1/1 11/1/1 11/1/1 11/1/1 11/1/1
/ Darlene Best	
1363 Chichester Dr.	~ \ \
Gardnerville, NV 89410	
	(Space Above For Recorder's Use Only)
AFFIDAVIT - DI	EATH OF JOINT TENANT
STATE OF NEVADA }	
} ss.	
COUNTY OF DOUGLAS }	
DARLENE D. BEST	of legal age, being first duly sworn, deposes
and says: That ARNOLD A. BEST	, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same perso	
named as one of the parties in that certain GRANT DE executed by WESTERIDGE HOMES, INC.	EDdated4-16-02
to ARNOLD A. BEST AND DARLENE D. BEST	HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 610884	on_ April 22, 2004
in Book 0404 , Page 10524 , of Offi	
County, Nevada, covering the following described prop	erty situated in
County, State of Nevada:	
SEE EXHIBIT "A" ATTACHED HE	RETO AND MADE A PART HEREOF
	1 2 2 4
300	arlese W. Best
DATE: February 18, 2005	de NC B. BC11
STATE OF NEVADA } ss.	JANICE K. CONDON  NOTARY PUBLIC  STATE OF NEVADA
COUNTY OF DOUGLAS }	Appt. Recorded in Douglas County My Appt. Expires September 11, 2008
This instrument was acknowledged before me on 2-17 by, DARLENE D. BEST	No: 93-1151-5

16.00 0.00

Signature\_

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

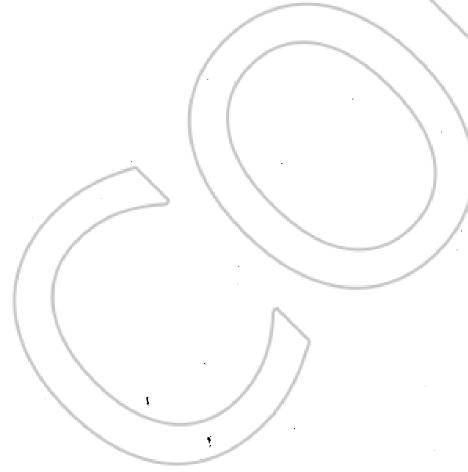
## EXHIBIT "A" LEGAL DESCRIPTION

Order No.: 030304069

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

Lot 19, Block B, as set forth on FINAL SUBDIVISION MAP No. 1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430.

Assessors Parcel Number 1320-33-816-064



0610884 BK 0404PG 10525

637099 Page: 2 Of 3

BK- 0205 PG- 7101 02/18/2005

## 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

•											
	LOCAL FILE NUMB	ED .		· ·					STATE FILE	NUMBER	
	DECEASED—NAME First	Midd	lle	Last	D/	ATE OF DEATH (	Month, Day, Year			Y OF DEATH	
T				. 250		TS - 1	•	2005			
NT IK	1. Arnol			BEST	2.		ary 2,			<u>Douglas</u> I <i>se</i> x	
IK	CITY, TOWN OR LOCATION OF	F DEATH HOSP	PITAL OR OTHER INS	STITUTION—Name (If not	t either, give street		ir Hosp, or inst. i Rm. Inpatient (Si		OP/Emer.	SEX	
	3b. Gardnervil	17p 3c.	1363 Ch	ichester Dr	■ N <sup>2</sup>	-	3e.			4 Male	
Π						UNDER 1 Y	EAR UNDER	1 DAY	DATE OF BIF	RTH (Mo., Day, Yr.)	
	RACE- (e.g., White, Black, Ame Indian, etc.) (Specify)	specify Mexica	an, Cuban, Puerto Ric	Specify 🗌 yes 🔯 no If yes an, etc.	Birthday (Years		YS HOURS	MINS	۱. I		
i	5. White	6.			7a. 65	7b.	7c.			ary 14,1	
1	STATE OF BIRTH			Decedent's Education. 5	Specify highest	MARRIED, NEVER WIDOWED, DIVO	R MARRIED,	SURV	VING SPOUSE	(If wife, give maids	an nam
	(If not U.S.A., name country)	TRY	2 - 3 - 3 - 3 - 4	grade completed.	1 1 N N 1 La		ried	12 1		e Dabbs	
ж	9a. California	9b. [	J & LJ & CL &	10. IU Ye nd at Work Done During I		KIND OF BUSIN			Jarren	e nanns	
	SOCIAL SECURITY NUMBER	Working Li	ife, Even if Retired)	ild of their polle pailing i	Wood Of	Kill Or Doom	LOG OIT INDOO!		- N.	- N	
NF NS	13. 0624	14a.	Wat	rehousemen			lpping a	ind Re			
1	RESIDENCE—STATE	COUNTY	Ta	ITY, TOWN, OR LOCATI	ION	STREET	AND NUMBER	1363		DE CITY LIMITS city Yes or No)	Ŋ.,
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` \	15a. Nevada	15b. Doug	Las	5c. Gardner	THER-MAIDEN		<u>Chiches</u>	Middle	100.	Yes	
(4	FATHER—NAME First	Mic	dde	Lasi MG	:	THE	_	(WINGS)		- M	1
_	16. Chest	ter (	C. 1	Best 17		Hil	da			Eden	w"
7	INFORMANT—NAME (Type or		<del></del>	MAILING ADDRESS	S <sub>1</sub> ,	(Street or R.F	.D. No., City or	own, State,	Zip)		
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1	18a. Darlene Bes	<u>st - Wife</u>	· · · · · · · · · · · · · · · · · · ·		Chichest	er Dr.	LOCATION		r Town	89410 State	
	BURIAL, CREMATION, REMOV	AL, OTHER (Specify)	CEMETERY O	R CREMATORY—NAME	987,971		LOCATION	City o	1 10WIF	State	
	19a. Crematio	on .	19b. 1	FitzHenry's	Cremato	orv /	19c. Ca	rson (	City.	Nevada	
M.	FUNERAL DIRECTOR—SIGNA (Or Person Acting as Such)		FUNERAL DIR	ECTOR NAME AND A	DDRESS OF FACI	LITY Tries II	on way	Carca	Vo.11	ou Funor	007
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	20a. 1000 h	Mul	20b. 217	20c. Hom	ie, 1380	) Hwy 39	o, Gar	dnerv:	LIIE,	NV 8941	10
	Z 212. To the best of my kn	nowledge, death occurred stated.	d at the time, date and	I place and	22a	n. On the basis of a at the time. date	examination and/ and place and d	or investigation	on, in my opin ise(s) and ma	ion death occurred	3
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	OU) (Signature and inter				V 1 28 (SI	mature and Title					
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