

OFFICIAL RECORD

Requested By:

FIRST CENTENNIAL TITLE

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0305 PG- 4823 RPTT: 0.00



APN: 1320-33-715-025
Escrow No. 00138828 - MB

When Recorded Return to:

JAMES CEHAND
5120 MARCONI AVE. #23
CARMICHAEL, CA 95608

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada } ss:

COUNTY OF Carson City

JAMES CEHAND, CO-GUARDIAN FBO FLORENCE L. THOMAS, ADULT WARD, of legal age, being duly sworn, deposes and says

That RICHARD F. THOMAS the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as RICHARD F. THOMAS named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 1, 2001 executed by CLASSIC HOMES, a Nevada Limited Liability Company to RICHARD F. THOMAS and FLORENCE L. THOMAS, Husband and Wife, as joint tenants, recorded as Instrument No. 513746, on May 8, 2001 in Book 0501 Page 2035 of Official Records of Douglas County, Nevada, covering the following described property.

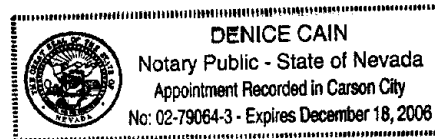
See Exhibit A attached hereto and made a part hereof.

Dated: February 24, 2005.

James Cehand
JAMES CEHAND, CO-GUARDIAN FBO
FLORENCE L. THOMAS, ADULT WARD

SUBSCRIBED AND SWORN TO before me on this 7th day of March, 2005.

Denice Cain
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

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

2004 0013903

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

IF ANY ICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1.		Richard Francis THOMAS		2 October 13, 2004		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1338 Brook Way		3e. 6		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 69		8. July 5, 1935	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. ██████████ 0747		14a. Escrow Officer		14b. Title Company		12. Florence	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1338 Brook Way	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes	
		16. Rose F. Thomas		17.			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Lynn En Earl		18b. P.O. Box 1284, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 09		20c. 1478 4th St., Minden Nevada 89423 53			
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 10/19/04		21c. 1730		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d. Steven Brooks		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Steven Brooks, M.D., 155 Hwy. 50, Stateline, Nevada 89449		23b. 5124					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. October 20, 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).)				Interval between onset and death			
PART I (a) Myocardial Infarction				Interval between onset and death			
(b) High Blood Pressure				Interval between onset and death			
(c)							
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. Yes			
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.			

STATE REGISTRAR

No. 274028

42029

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 15 2004

STATE REGISTRAR

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



BK- 0305
PG- 4824

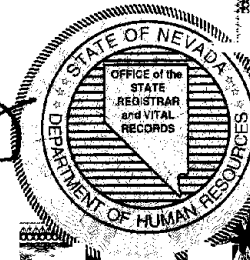


Exhibit A

Lot 33, in Block H, of the Final Map of CHICHESTER ESTATES PHASE 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on October 13, 2000, in Book 1000, Page 2398, as Document No. 501336.

COPY

SPACE BELOW FOR RECORDER

