

OFFICIAL RECORD

Requested By:  
WAYNE S CHIMARUSTI

Grantee's Name and Address:  
✓ WALLIS J. LEBAR  
2955 Del Rio Lane  
Minden, NV 89423  
APN: 1420-28-111-011

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0305 PG- 8194 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA            )  
  : ss.  
CARSON CITY                 )

I, WALLIS J. LEBAR, being first duly sworn under penalty of perjury, depose and say:

1. That I am the widow of JAMES F. LEBAR, and his surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on August 24, 2003, in Book 803, at Page 7427, as File Number 586540.

2. The real property owned by JAMES F. LEBAR as a joint tenant with the undersigned on the date of JAMES F. LEBAR's death, December 2, 2004, consists of the following:

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

Lot 48, as set forth on the Official Plat of Saratoga Estates, Unit No. 2, filed in the office of the Douglas County Recorder on May 23, 1994, in Book 594, Page 3894, as Document No. 338088, and amended by document recorded July 8, 1994, in Book 794, Page 1165, of Official Records.

WAYNE S. CHIMARUSTI, ESQ.  
300 West Second Street  
Carson City, NV 89703  
(775) 885-9066

3. A certified copy of the Certificate of Death of the above named Decedent is attached hereto showing the date of death as December 2, 2004, and the place of death as Douglas County, Nevada.

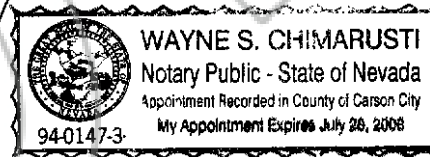
DATED this 17 day of MARCH, 2005.

Wallis J. Lebar  
WALLIS J. LEBAR

STATE OF NEVADA     )  
                                  ) ss.  
CARSON CITY         )

On the 17 day of March, 2005, personally appeared before me, a Notary Public, WALLIS J. LEBAR, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the above instrument.

Wayne S. Chimarusti  
NOTARY PUBLIC



WAYNE S. CHIMARUSTI, ESQ.  
300 West Second Street  
Carson City, NV 89703  
(775) 885-9066

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**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  |  | DECEASED—NAME First Middle Last   |  | DATE OF DEATH (Month, Day, Year)   |  | STATE FILE NUMBER                                   |  |
| 1. James Francis LEBAR   |  | 2. December 2, 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. Minden   |  | 3c. 2955 Del Rio Lane   |  | 3e.  |  | 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)  |  | UNDER 1 YEAR MOS : DAYS                             |  |
| 5. White   |  | 6.  |  | 7a. 68   |  | 7c.   |  |
| 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. Wyoming  |  | 9b. U.S.A.  |  | 10. 16   |  | 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. [REDACTED] 0112  |  | 14a. Electronics Engineer   |  | 14b. Aerospace   |  | 12. Wallis June Robinson                            |  |
| RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION  |  | STREET AND NUMBER                                   |  |
| 15a. Nevada  |  | 15b. Douglas  |  | 15c. Minden  |  | 15d. 2955 Del Rio Ln.                               |  |
| INSIDE CITY LIMITS (Specify Yes or No)   |  |   |  |  |  | 15e. Yes  |  |
| FATHER—NAME First Middle Last  |  | MOTHER—MAIDEN NAME First Middle Last  |  |  |  |   |  |
| 16. Jack Francis Lebar   |  | 17. Christine Koritnik  |  |  |  |   |  |
| INFORMANT—NAME (Type or Print)   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  |  |  |  |   |  |
| 18a. W. June Lebar   |  | 18b. 2955 Del Rio Lane, Minden, Nevada 89423  |  |  |  |   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  | LOCATION City or Town State  |  |   |  |
| 19a. Removal/Burial  |  | 19b. Rest Haven Memorial Gardens  |  | 19c. Rock Springs, Wyoming   |  |   |  |
| FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)  |  | FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY   |  |   |  |
| 20a. [Signature]   |  | 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.                     |  | 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)  |  | (Signature and Title)   |  |  |  |   |  |
| DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH   |  | DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH                                       |  |
| 21b. 12/6/04   |  | 21c. 0715   |  | 22b.   |  | 22c.  |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 24d. ON   |  | PRONOUNCED DEAD (Mo., Day, Yr.)  |  | PRONOUNCED DEAD (Hour)                              |  |
| 21d.   |  |   |  |  |  |   |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)                    |  | 89423   |  | LICENSE NUMBER   |  |   |  |
| 23a. Delroy McFarlane, M.D., 925 Ironwood Dr. #1103, Minden, NV  |  |   |  | 23b. 9617  |  |   |  |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  | DEATH DUE TO COMMUNICABLE DISEASE  |  |   |  |
| 24a. [Signature]   |  | 24b. December 7, 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) cerebral Atrial fibrillation  |  |   |  |  |  | mins  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |  |  | Interval between onset and death                    |  |
| (b) Myocardial infarction  |  |   |  |  |  | mins.   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |  |  | Interval between onset and death                    |  |
| (c) Coronary Artery Disease  |  |   |  |  |  | yrs.  |  |
| 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. 277020

22444

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:

DEC - 7 2004

[Signature]

STATE REGISTRAR

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BK- 0305  
PG- 8196

