

OFFICIAL RECORD

Requested By:

SMITH & HARMER LTD

APN 1420-07-411-057
When Recorded, Return to:
Smith and Harmer, Ltd.
502 North Division Street
Carson City, Nevada 89703

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0305 PG- 9496 RPTT: 0.00



Grantee's Address:
892 Granite Court
Carson City, Nevada 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

I, ELIZABETH PULLIAM, being first duly sworn, depose and say:

1. That I am the surviving joint tenant of BUFORD COLLIER, deceased, and as such am fully informed as to the real and personal property held by him at his death.

2. That the joint tenancy in the referenced property was created by that certain Grant, Bargain and Sale Deed dated June 27, 1995, and recorded on June 30, 1995, in the Official Records of Douglas County, Nevada, as Document No. 365365, and that the real property owned by the deceased as a joint tenant with ELIZABETH PULLIAM on the date of his death, February 25, 2005, is more particularly described as follows:

Lot 22, as shown on the Official Map of RIDGEVIEW ESTATES, filed for record in the Office of the County Recorder of Douglas County, Nevada on December 27, 1972, as Document No. 63503.

3. A certified copy of the Certificate of Death of the

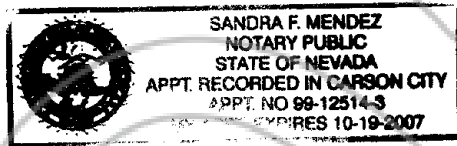
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above-named decedent is attached hereto showing the date of death
as February 25, 2005.

Elizabeth Pulliam
ELIZABETH PULLIAM

SUBSCRIBED and SWORN to before
me this 8th day of March,
2005, by ELIZABETH PULLIAM

Sandra J Mendez
Notary Public
(Seal)



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

TYPE PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Buford COLLIER		2. February 26, 2005	3a. Douglas
PRECEDENT	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. Carson City	3c. 892 Granite Court		3e.	4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White	6.	7a. 75	7b.	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)	DATE OF BIRTH (Mo., Day, Yr.)
	9a. Kentucky	9b. USA	10. 8	11. Divorced	8 April 2, 1929
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY		
	13. 4734	14a. Dry Cleaner	14b. Retail Dry Cleaning		
PARENTS	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada	15b. Douglas	15c. Carson City	15d. 892 Granite Ct	15e. Yes
	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
	16. Jessie Collier	17. Bertha Hammon			
	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Elizabeth Pulliam	18b. 892 Granite Court, Carson City, Nevada 89705			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town	State
	19a. Cremation	19b. Masonic Memorial Gardens	19c. Reno	Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>John Burson</i>	20b. 624	20c. Truckee Meadows 616 S. Wells Ave, Reno Nevada 89502		
To be completed by CERTIFYING PHYSICIAN	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) <i>Neila Shumaker MD</i>		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.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
To be completed by Coroner's Office	21b. MARCH 4, 2005	21c. 1724	22b. PRONOUNCED DEAD (Mo., Day, Yr.)	22c. PRONOUNCED DEAD (Hour)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. NEILA SHUMAKER, 1000 LOCUST STREET, RENO, NEVADA 89502					23b. NV 4891
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a. <i>Jaimie Evans</i>	24b. March 7, 2005	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
USE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
	PART I (a) SQUAMOUS CELL LUNG CANCER	DUE TO, OR AS A CONSEQUENCE OF:		MONTHS	
	PART I (b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	PART I (c)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	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. COPD, COR PULMONALE, CAD, CHF, TOBACCO USE DISORDER		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.		

STATE REGISTRAR

No. 281102

52068

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:

MAR - 7 2005

This copy is not valid unless prep



STATE REGISTRAR
BK- 0305
PG- 9498

