

OFFICIAL RECORD

Requested By:
STEWART TITLE

A.P.N. # 1420-07-211-007
ESCROW NO. 05050464 / 050500444
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0505 PG-00143 RPTT: 0.00



WHEN RECORDED MAIL TO:

DARLENE M. WHEAT
3471 GREGORY CT.
CARSON CITY, NV. 89705

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

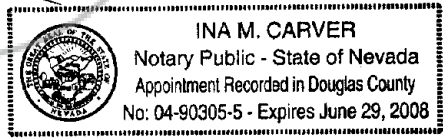
STATE OF NEVADA }
COUNTY OF Carson City } ss.

DARLENE M. WHEAT, of legal age, being first duly sworn, deposes
and says: That DENNIS WHEAT, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as DENNIS WHEAT
named as one of the parties in that certain DEATH CERTIFICATE dated 5-9-04
executed by BRIAN J. MILLER AND ANDRA L. MILLER, AS TRUSTEES OF THE BRIAN
to DENNIS WHEAT AND DARLENE M. WHEAT, HUSBAND AND WIFE AND ALICE L. MOORE
as joint tenants, recorded as Instrument No. 497443, on 8-10-2000
in Book 0800, Page 1821, of Official Records of Douglas County
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: March 03, 2005

Darlene M. Wheat
DARLENE M. WHEAT

STATE OF Nevada }
COUNTY OF CARSON CITY } ss.



This instrument was acknowledged before me on 4-29-05
by, DARLENE M. WHEAT

Signature Ina M. Carver
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

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. Dennis WHEAT		2. May 9, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. (Specify)	
3c. 3521 Shawnee Dr.		3e. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 67	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. White		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. California		7c. :	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. October 23, 1936	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 12 Years		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. 8004		12. Darlene Moore	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Grinder		14b. Machine Shop	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Carson City	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. Shawnee Dr. 3521	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Omar Wheat		17. Patricia McKenna	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Darlene Wheat - Wife		18b. 3521 Shawnee Dr. Carson City, NV 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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. 5-10-04		22b. 5-10-04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0425		22c. 0425	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Ron Michitarianian Deputy/Coroner, P.O. Box 218, Minden, NV 89423		22d. ON 5-9-04	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Ron Michitarianian Deputy/Coroner, P.O. Box 218, Minden, NV 89423		22e. AT 0425	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>Vera R. Kachamp</i>		23b. 255	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. May 11, 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) Hypertensive Atherosclerotic Cardiovascular Disease		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
Chronic Ethanolism, C.O.P.D, Asthma		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. 28b.		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b. 28c.		28d. M	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. 28d.		28e. 28f.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. 28f.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. 28g.		28g. 28h.	

STATE REGISTRAR

No. 264204

25454

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:

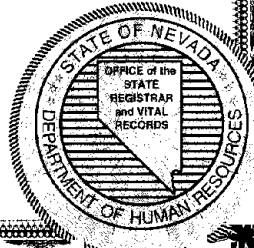
MAY 11 2004

This copy is not valid unless prep

Syonna Sylva
STATE REGISTRAR



BK- 0505
PG- 144



**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 050500444

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

Lot 16, as shown on the map of VALLEY VIEW SUBDIVISION,
filed in the Office of the County Recorder of Douglas
County, Nevada, on November 12, 1958, as Document No. 13793.

Assessors Parcel No. 1420-07-211-007