

OFFICIAL RECORD

Requested By:

FIRST CENTENNIAL TITLE

APN: 1420-33-611-001
Escrow No. 00142993 - BAS

When Recorded Return to:
BARBEE ECKENRODE
2898 LA CRESTA CIRCLE
MINDEN, NV 89423

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0705 PG-12604 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT


STATE OF NEVADA } ss:
COUNTY OF CARSON CITY

BARBEE ECKENRODE, of legal age, being duly sworn, deposes and says

That PETER ALVA BROGAN the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as PETER BROGAN named as one of the parties in that certain DEED dated 10/13/04 executed by MATT EDWARD GERKEN, Trustee to PETER BROGAN and BARBEE ECKENRODE as joint tenants, recorded as Instrument No. 0627086, on October 10, 2004 of Official Records of DOUGLAS County, Nevada, covering the following described property.

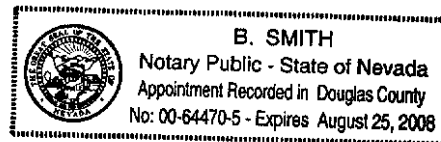
See Exhibit A attached hereto and made a part hereof.

Dated: July 18, 2005


BARBEE ECKENRODE

SUBSCRIBED AND SWORN TO before me on this _____ 18TH day of July,
2005 _____

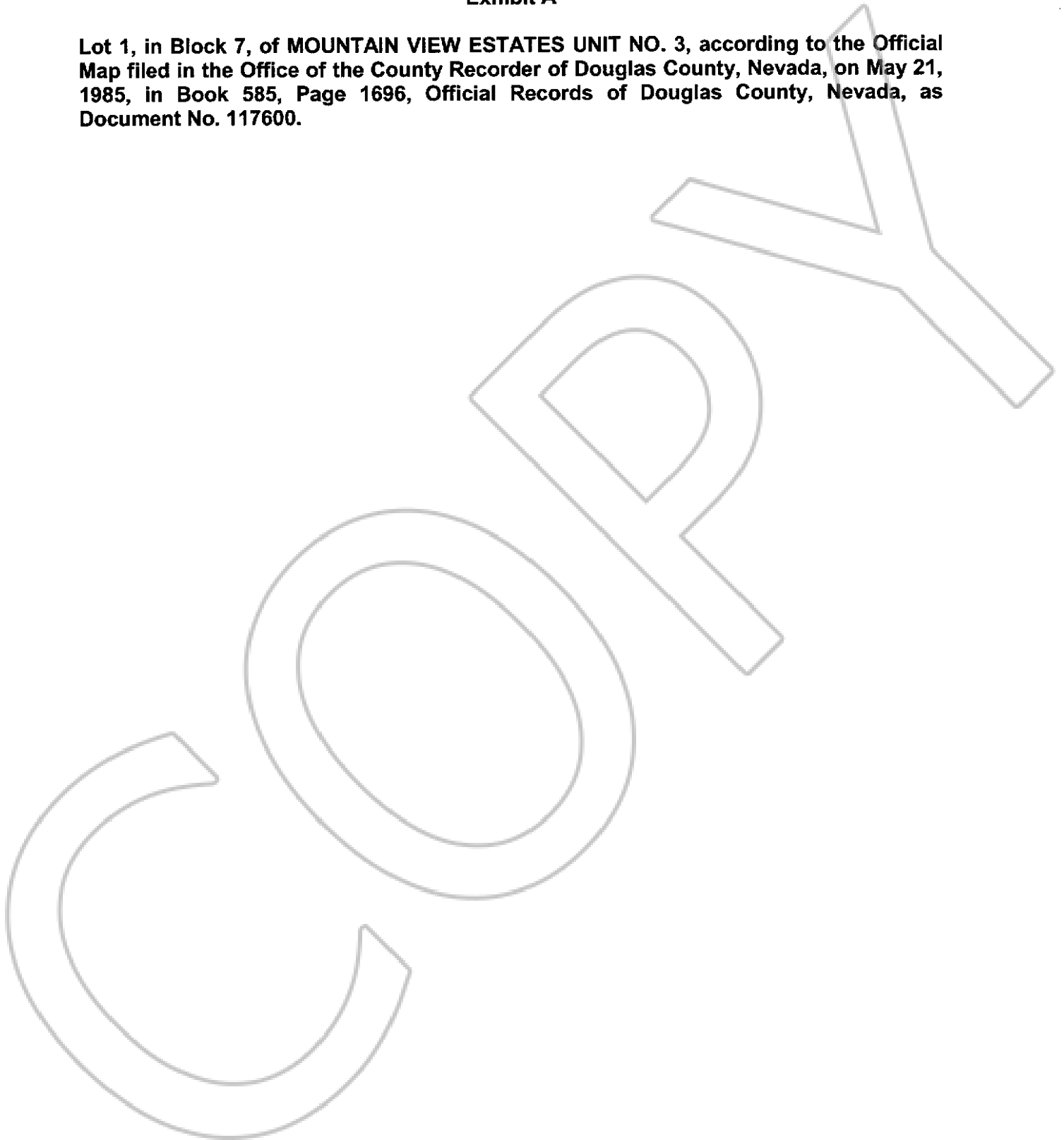

NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 1, in Block 7, of MOUNTAIN VIEW ESTATES UNIT NO. 3, according to the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on May 21, 1985, in Book 585, Page 1696, Official Records of Douglas County, Nevada, as Document No. 117600.



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

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

IDENT

IF DEATH
OCCURRED IN
HOSPITAL
OR INSTITUTION
HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

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LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Peter Alva BROGAN		2. January 24, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. Carson Tahoe Hospital		4. Male	
If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. August 24, 1928	
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)	
6.		7a. 76	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Colorado		11. Widowed	
CITY OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12.	
Decedent's Education—Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 14 Years		14b. Construction	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 1843		14a. Welder	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 2898 LaCresta Circle	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Martin Brogan		17. Florence Beisner	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Barbee Eckenrode — Daughter		18b. 2898 LaCresta Circle, Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal/Burial		19b. Forest Lawn Memorial Park	
		19c. Covina Hills, CA	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such)		FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		FitzHenry's Funeral Home	
		833 N. Bonomds Drive, Carson City, NV 89701	
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.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 1/26/05		22b. 1/26/05	
HOUR OF DEATH		HOUR OF DEATH	
21c. 14:37		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Ned Jaleel, M.D., 775 Fleischmann Way, Carson City, NV 89702		23b. 1090	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i>		24b. January 27, 2005	
DEATH DUE TO COMMUNICABLE DISEASE		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) Pneumonia		1 week	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Dementia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Cerebrovascular Accident		Interval between onset and death	
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)	
renal failure, hemothorax		26. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. YES	
ACC. SUICIDE, HOMIC. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		M 28d.	
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	
		28g.	

STATE REGISTRAR

No. 280462

33165

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:

JAN 27 2005

[Signature]
STATE REGISTRAR

Signature of Registrar.



BK- 0705
PG- 12606