

OFFICIAL RECORD

Requested By:

WESTERN TITLE COMPANY INC

A. P. No. 1420-28-111-004  
Escrow No.

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0805 PG- 6092 RPTT: 0.00



When recorded mail to:

William F. Culverhouse  
2962 Del Rio Lane  
Minden, NV 89423

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
 ) ss  
COUNTY OF WASHOE )

I, WILLIAM F. CULVERHOUSE, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.

2. That I am the surviving joint tenant of MARGARET F. CULVERHOUSE.

3. That MARGARET F. CULVERHOUSE is now deceased, having died in Carson City, State of Nevada, on July 24, 2005. Attached hereto is a certified copy of the Certificate of Death of MARGARET F. CULVERHOUSE, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of the said MARGARET F. CULVERHOUSE, she and your affiant were owners, in joint tenancy, under a Deed recorded October 4, 1996, in Book 1096, Page 763, Document No. 398039, Official Records, Douglas County, Nevada, of that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 53 of SARATOGA SPRINGS ESTATES, UNIT #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, as Document No. 341498, Official Records.

5. That by reason of the demise of the said MARGARET F. CULVERHOUSE, your affiant is the sole owner under the Deed on the above-described property.

DATED: Aug 9, 2005.

William F. Culverhouse  
William F. Culverhouse

Address:

2962 Del Rio Lane

Minden, NV 89423

STATE OF NEVADA )  
 ) ss  
COUNTY OF WASHOE )

Signed and sworn to (or affirmed) before me on Aug. 9, 2005, by WILLIAM F. CULVERHOUSE.

Sylvia A. Smith  
Notary Public



**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**

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LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Margaret F. CULVERHOUSE			2. July 24, 2005		3a. Carson City
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. (Specify)	SEX
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient	4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decendent 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	UNDER 1 DAY HOURS : MINS
5. White		6.	7a. 79	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)	SURVIVING SPOUSE (if wife, give maiden name)
9a. Washington DC		9b. U.S.A.	10. 12	Married	12. William F. Culverhouse
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 3437		14a. HUD Processor		14b. U.S. Government	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Minden		15d. 2962 Del Rio Lane	15e. No
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Salvatore Chisari		17. Frances Picataggi			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. William F. Culverhouse			18b. 2962 Del Rio Lane Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Carson 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>William Kermoch</i>		09		Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703	
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>Lee A. Van Epps</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) <i>Lee A. Van Epps</i>		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. 7-25-05			21c. 07:45		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22d. ON		
21e. AT			22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Lee A. Van Epps M.D. 2874 N. Carson St. Suite 200, Carson City NV 89706					23b. 5904
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>Vera R. Kachansky</i>		24b. July 26, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART 1 (a) Cerebrovascular accident - infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. No			27. No		
ACC., SUICIDE, HOMICIDE, 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. 282089

075432

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:

JUL 26 2005

This copy is



BK- 0805  
PG- 6094

