DOC 0652376 08/16/2005 03:39 PM Deputy: KLJ OFFICIAL RECORD Requested By: MAROUIS TITLE & ESCROW INC

Douglas County - NV Werner Christen - Recorder

Fee: Page: 1 Of. PG- 7194 RPTT: BK-0805

16.00 0.00

A.P.N. 1320-32-610-003 Escrow No: 250386

WHEN RECORDED MAIL TO:

Lawrence M. Jones, SR.

AFFIDAVIT BY SURVIVING TRUSTEE

The undersigned, LAWRENCE M. JONES, SR. being first duly sworn, deposes and says:

That Affiant is the surviving spouse/trustee of MARY ELLEN JONES and that the Affiant and the said

MARY ELLEN JONES deceased, are the Trustees in THE LAWRENCE M. JONES, SR. and MARY ELLEN JONES FAMILY TRUST, dated April 8, 1998 under that certain Grant Deed dated the 15thday of April, 1998, under the terms of which LAWRENCE MARVIN JONES and MARY ELLEN JONES, husband and wife, as joint tenants with right of survivorship was Grantor to: LAWRENCE M. JONES, SR. and MARY ELLEN JONES, Trustees for THE LAWRENCE M. JONES SR. and MARY ELLEN JONES FAMILY TRUST, dated April 8, upon the terms, covenants and provisions as set forth therein, said document recorded April 15, 1998 . in Book0498at Page 2645as Document No:0437327of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 2, Block 3, of WILDROSE SUBDIVISION, UNIT No. 2, as shown on the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on December 5, 1966.

That the said MARY ELLEN. JONES is one of the Trustees in the Grant Deed, died on the 3rd day of September, 2002 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, LAWRENCE M. JONES, SR., surviving Trustee of THE LAWRENCE M. JONES SR. and MARY ELLEN JONES FAMILY TRUST, dated April 8, 1998, as of the date of decedent's death.

Dated:

Laurence M. Jones Sr. Fuster LAWRENCE M. JONES, SR., Surviving Trustee

STATE OF California COUNTY OF Sake

On 8-11-2005 , before me, the undersigned, a Notary Public in and for said County, personally appeared Lawrence M. Jones, SR. , personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

OTARY PUBLIC

JANIS L. GEIB
Commission # 1358699
Notary Public - California
Lake County
My Comm. Expires Jun 27, 2006

0652376 Page: 2 Of 3

BK- 0805 PG- 7195 08/16/2005



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 /	LOCAL FILE NUM DECEASED—NAME Firs		Last	DATE OF DEA	TH (Month, Day, Year)	STATE FILE NUMBER
OR PRINT				i i i i i i i i i i i i i i i i i i i		
PERMANENT BLACK INK	CITY, TOWN OR LOCATION (JONES HER INSTITUTION—Name (If not e		tember 3, 200 if Hosp: or Inst. indicate Rm. Inpatient (Specify)	DOA, OP/Emer. SEX
,	3b. Gardnervil	le sc Careon	Valley Medical	Center	Se Emergency	
DECEDENT	PACE—(e.g., White, Black, An Indian, etc.) (Specify)	nerican Was Decedent of Hispanic	Origin? Specify yes no if yes, ierto Rican, etc.	AGE Last UNDER	1 YEAR UNDER 1 DA	Y DATE OF BIRTH (Mo., Day, Yr.)
ļ	5. White	spechy Mexican, Cuban, Pl. 6.	ieno Higan, etc.	Birthday (Years) MOS 7a. 80 7b.	DAYS HOURS MIN	September 14,192
IF DEATH	STATE OF BIRTH		UN- Decedent's Education. Spe grade completed.		EVER MARRIED,	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN ASSETUTION	(If not U.S.A., name country). Sa. Missouri.	9b. U.S.A.	grade completed.	ars (Specify)		12 Lawrence Jones
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even if Re	(Qive Kind of Work Done During Mo	st of KIND OF BL	ISINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	13. 405	3 142	Secretary	14b Dou	glas County	Sheriff Department
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OF LOCATION		EET AND NUMBER 15	[LEDGERTY FOS DE MOT
	15a. Nevada	15b. Douglas	. ™inden	15d	Wildrose La	
PARENTS	FATHER NAME First	Middle		2 - Ag - 7 - 30 tha	181	Aidole Last
	16. Edwa		Walsh 77.		nily	Thompson
	INFORMANT—NAME (Type or	ones - Husband VAL, OTHER (Specify) GEME	MAILING ADDRESS	(Street o	r R.F.D. No., City or Town, S	tate, Zip)
,	18a Lawrence J	ones - Husband	1 186 1526 W	ildrose Lane	Minden, N	evada 89423 City or Town State
	· · · · · · · · · · · · · · · · · · ·	VAL, OTHER (Specify)	CHE UN CHEMATORY—TENNE		LLASATION	Signal State
DISPOSITION	19a. Burial FUNERAL DIRECTOR—SIGN.	ATURE FUNE	MOTTSVILLE CEM	ecery	Gardne	rville, Nevada son Valley Funeral
CERTIFIÉR	(Or Person Adding as Such)	LICEN	SE NUMBER	1.390 71.4	zhenry s Car	son valley runeral
	z 21g. To the best of my h	chowledge, death obcurred at the time, stated.	217 Zoc. Home,	1300 flwy 3	52 Gardnerv. s of examination and/or inves	111e NV 89410
	VACUATION OF THE PORT OF THE P	stated.		22a. On the basis at the time.	date of it made and due to the	(pation, in my enalton death occurred enause(s) and making ner stated.
	(Signature and Title	D. Day, Yr) HOUR OF		DATE SIGNED	Mb Day Yr.)	OUR OF BEATH
	E 9 0≧ 21b.	210.		i i i i i i i i i i i i i i i i i i i	b. 6 F 8. "	2115
	NAME OF ATTEND	ANG PHYSICIAN IP OTHER THAN CE			DEAD (Mo., Day, Yr.) PI	
	E E 21d,			zad ON 09	-0302	e AT 2115
] .	NAME AND ADDRI	ESS OF CENTHIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL EX	AMINER, OR CORONER). (7	ype or Print)	LICENSE NUMBER
Ĺ	23a Kathl	een Tadich, Coro	ner, P.O. Box 2	18, Minden, N	īv. 89423	23ь. 066
CONDITIONS	REGISTRAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ED BY REGISTRAR (Mo., De		
IF ANY MHICH GAVE RISE TO	24a. (Signature)	TENTER ONLY ONE CAUSE PER LINI	- 10A 24b. Xe	1. 11 200	24c. YES□	NO
IMMEDIATE CALISE	25 IMMEDIATE CAUSE	(ENTER CINLY ONE CAUGE PER LINI	FORT(a), (D), AND (a)		The same of the same of	Interval between onset and death
ITATING THE JUDGERLYING	- K 7 W 17 YOU	istent with Myoca	ardial Infarcti	on j	المالية المالي	• •
CAUSE LAST	DUE TO, OR A	S A CONSEQUENCE OF				interval between onset and death
	(d)					
/	DUE-TO, OR A	S A CONSEQUENCE OF:	.**.**,		and the second	Interval between onset and death
CAUSE OF	(c)	NT CONDITIONS—Conditions contribut	lice to death but not repulling in the	rendertuing cause plyon in Par	1. AUTOPSY (Spec	WAS CASE DEFEDENTO
DEATH	PART OTHER SIGNIFICA	M. COMPLICARO CONTRIBUTE COMBING	ing to dean but for lesching in the	directional cocces disease at Two	Yes or N	ORONER (Specify Yes or No)
	ACC SUICIDE HOM UNDER	F., DATE OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCRI	BE HOW INJURY OCCURRE	26. No	Yes
	ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify) 28a.		8c M 28d.			
\	INJURY AT WORK	PLACE OF INJURY At home, fe	m. street, factory, office LOCATI	ON. STREET OF		OFFTOWN, STATE
\ L	(Specify Yes or No) 286.	building, etc. (28f.	(Specify) 28g.			. *
1	LAMAA	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 - 34.		die in	- 004007
	N. S. C.	STATE	REGISTRAR		···· N	o. 224087
		_//		,	,	

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

State Registrar

0805 BK-PG- 7196 08/16/2005

0652376

Page:

WARNING: IT IS ILLEGAL TO ALT