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Mail tax statements to:
Same as below

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0905 PG- 9570 RPTT: 0.00

When recorded mail to:
✓ **Helen Taylor**
1075 Cedar Crest Drive
Minden, NV 89723



APN: # 1320-29-119-012

R.P.T.T. \$ _____

AFFIDAVIT OF DEATH

Helen V. Taylor, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, bounded and described on Exhibit A, was held by Donald E. Taylor and Helen V. Taylor, husband and wife as joint tenant.

That Donald E. Taylor passed away on February 8, 2005, as identified in the Certificate of Death #282000 issued by the State of Nevada.

That pursuant to the rules of survivorship, Helen V. Taylor is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

September 26, 2005

Helen V. Taylor

By: Helen V. Taylor

State of Nevada)

County of Carson City)

This instrument was acknowledged before me on September 26, 2005, by Helen V. Taylor.

Signature Deanna K. Kelly
Notary Public

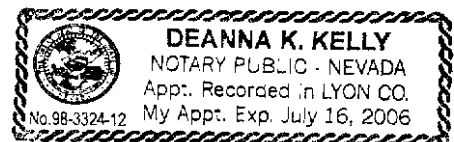


Exhibit "A"

Legal Description

Parcel 1:

Unit 376 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 8, 1999 in Book 799 of Official Records at Page 1253, as Document 472099.

Assessors Parcel No. 1320-29-119-012

Parcel 2:

A non-exclusive easement for use, enjoyment ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

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)	COUNTY OF DEATH
1. Donald Eugene TAYLOR		2. February 8, 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. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson Tahoe Hospital	3e. Emergency Room
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		7a. 75	8. August 10, 1929
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	DEPENDENT'S EDUCATION. Specify Highest grade completed.
9a. Kentucky		9b. U.S.A.	10. 17
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. 2029		14a. Manager	11. Married
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Minden
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	SURVIVING SPOUSE (If wife, give maiden name)
16. Roscoe M. Taylor		17. Emma Mae Campbell	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or town, State, Zip)	
18a. Helen Taylor		18b. 1075 Cedar Crest Drive 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>Jimmie Dismore</i>		09	44 Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703
21. 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.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b. _____		21c. _____	22b. 2-10-05
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. _____		22d. ON 2/08/05	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Ruth Beseler Coroner 897 E. Musser St. Carson City, NV 89701		23b. 9307	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>Jaimie Evans</i>	24b. February 10, 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))		Interval between onset and death	
PART (a) Septic Shock	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
PART (b) Probable Infarct Bowel	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 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
Multiple Myeloma		26. No	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. _____	28b. _____	28c. _____	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. 282000

57303

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:

FEB 14 2005

This copy is not



[Signature]
STATE REGISTRAR

BK- 0905
PG- 9572
09/26/2005

