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APN: 1420071817039
RECORDING REQUESTED BY:
James A. Kalicki, Esq.
Kalicki Law Offices, Ltd.
550 W. Musser Street
Carson City, NV 89703
WHEN RECORDED MAIL TO:
Alice G. Downer
c/o James A. Kalicki, Esq.
Kalicki Law Offices, Ltd.
550 W. Musser Street
Carson City, NV 89703

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0106 PG- 7651 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

I, Alice G. Downer, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the wife and sole surviving joint tenant of ROBERT C. Downer and Alice G. Downer.
- (2) That a Grant Bargain and Sale Deed, dated February 15, 1979, was made by ROBERT C. Downer and Alice G. Downer, husband and wife, as joint tenants, Book 279, Page 1242.
- (3) That the property subject to joint tenancy is described in **Exhibit A** attached.
- (4) That ROBERT C. Downer died on December 21, 2000 in Reno, County of Washoe, Nevada. The death certificate is attached hereto as **Exhibit B**.

Executed on this 4 day of Jan., 2006, at Carson City, Nevada.

Alice G. Downer
ALICE G. DOWNER

STATE OF NEVADA

COUNTY OF CARSON CITY

On January 4, 2006, before me, a notary public in and for the State of Nevada, personally appeared Alice G. Downer, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Sylvia Baldemor
Signature of Notary

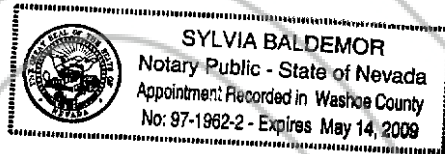


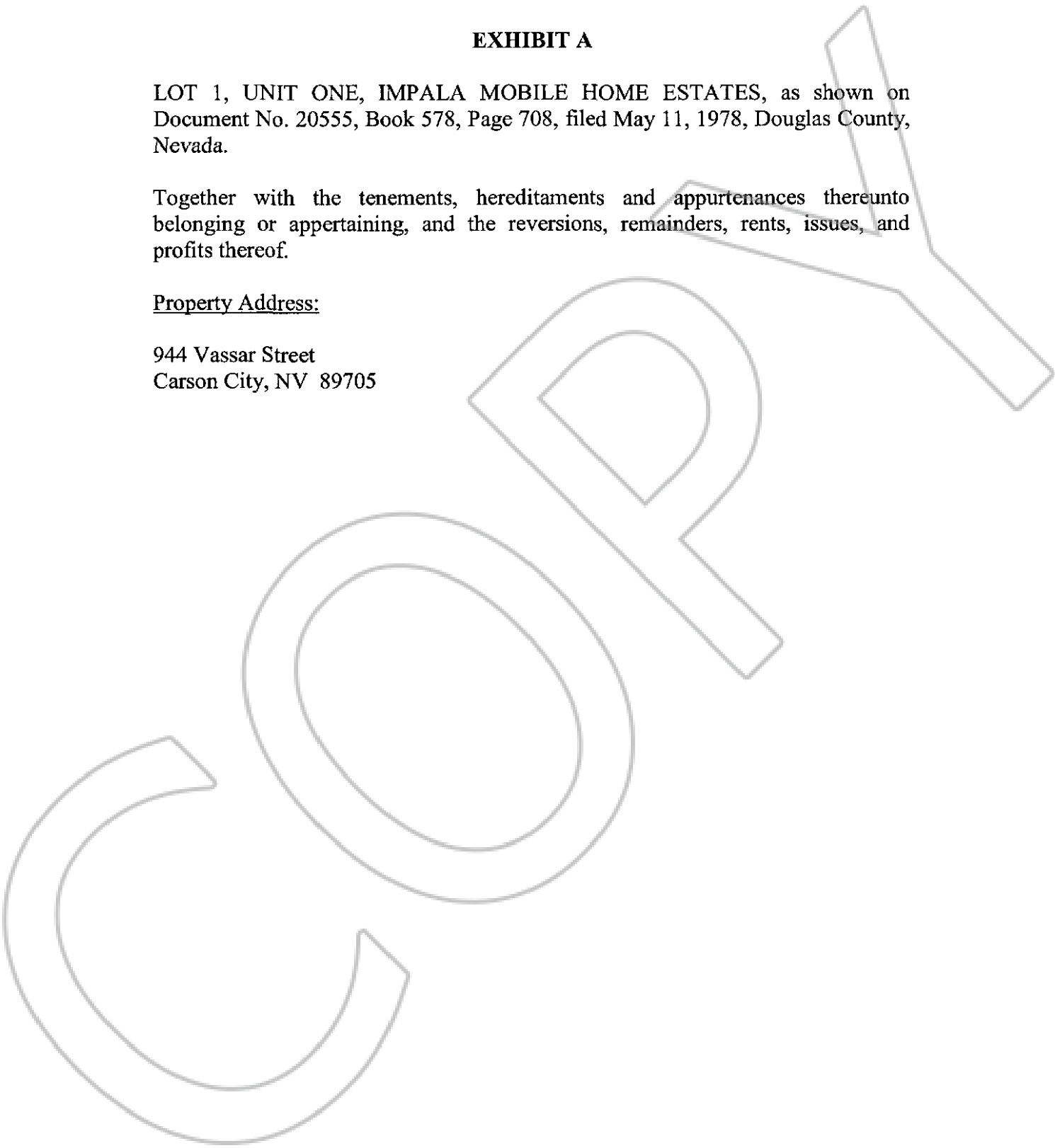
EXHIBIT A

LOT 1, UNIT ONE, IMPALA MOBILE HOME ESTATES, as shown on Document No. 20555, Book 578, Page 708, filed May 11, 1978, Douglas County, Nevada.

Together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversions, remainders, rents, issues, and profits thereof.

Property Address:

944 Vassar Street
Carson City, NV 89705



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

ROLL 102 IMAGE 234
LOCAL FILE NUMBER

2909

20000015275
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Robert Carpenter DOWNER		DATE OF DEATH (Month, Day, Year) 2. December 21, 2000		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Manor Care Health Services		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 5
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X		SEX 4. Male
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. October 27, 191
SOCIAL SECURITY NUMBER 13. ██████████ 0347		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Civil Engineer		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Carson City		KIND OF BUSINESS OR INDUSTRY 14b. Private Engineering
CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 944 Vassar St.		INSIDE CITY LIMITS (Specify Yes or No) 15e. No
FATHER—NAME First Middle Last 16. Thomas Downer		MOTHER—MAIDEN NAME First Middle Last 17. Catharine Carpenter		
INFORMANT—NAME (Type or Print) 18a. Alice Gottschalk Downer		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 944 Vassar Street Carson City, Nevada 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 16		NAME AND ADDRESS OF FACILITY Walton Funeral Home 17 875 West Second Street, Reno, Nevada 89503
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 12-27-00		21c. HOUR OF DEATH 1615		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Silvia Arizaga MD
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] DATE SIGNED (Mo., Day, Yr.)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. HOUR OF DEATH 22e. AT
22d. ON		22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Silvia Arizaga MD 850 Mill St. Reno NV 89502		LICENSE NUMBER 23b. 9256		
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 27, 2000		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).) PART I (a) Aspiration pneumonia DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(b) _____ DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:		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) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

No. 176762



096824

STATE REGISTRAR
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 03 2006**
This copy is not valid unless pre-

[Signature]



BK- 0106
PG- 7654

