

OFFICIAL RECORD

Requested By:
FIRST CENTENNIAL TITLE CO OF

APN: 1221-06-001-011
Escrow No. 00149858 - JN

When Recorded Return to:

Stuart B. Campbell
1320 Burro Court
Gardnerville, NV 89410

NV
Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0206 PG- 5693 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
CARSON CITY

} ss:

Stuart B. Campbell, of legal age, being duly sworn, deposes and says

That Michele Campbell, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Michele Campbell named as one of the parties in that certain Grant Bargain and Sale Deed dated February 22, 1999 executed by Francene Gail Mertins, a widow and Stuart B. Campbell and Michele Campbell, who acquired title as Michelle Campbell, husband and wife, as joint tenants to Stuart B. Campbell and Michele Campbell, husband and wife, as joint tenants, recorded as Instrument No. 0461836, on February 24, 1999 in Book 0299 Page 4905 of Official Records of Douglas County, Nevada, covering the following described property.

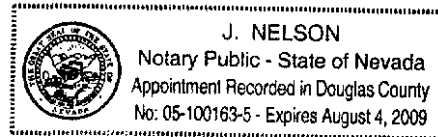
Lot 10, of FISH SPRINGS ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document No. 68451.

Dated: February 13, 2006

Stuart B. Campbell

SUBSCRIBED AND SWORN TO before me on this 13th day of February, 2006.

NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA

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. Michele CAMPBELL		2. October 18, 2002	3a. Douglas
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. Indian Hills		3c. Hwy 395 Between Mica & Plymouth	3e. 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	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)	UNDER 1 YEAR MOS : DAYS
5. White	6. X	7a. 39	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)
9a. California	9b. U.S.A.	10. 14	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	SURVIVING SPOUSE (If wife, give maiden name)
13. -1533	14a. Cosmetologist	14b. Hair Salon	12. Stuart Campbell
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1320 Burro Ct.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Donald David Alexander		17. Francene Gail Mirassou	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Stuart Campbell		18b. 1320 Burro Ct. Gardnerville, NV. 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Walton's Sierra Crematory	19c. Carson City, NV.
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 09	20c. 1281 N. Roon St. Carson City, NV. 89706
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)		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.	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b. [Signature]		21c. [Signature]	22b. 10-22-02
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
21d. [Signature]		22d. ON 10-18-02	22e. AT 1531
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Kathleen Tadich, Coroner, P.O. Box 218, Minden, Nv. 89423		23b. 066	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]	24b. October 22, 2002	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) Multiple Injuries Due to Blunt Force Automobile Trauma		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
		26. Yes	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. Accident	28b. 10-18-02	28c. 1531	28d. Automobile Accident
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. No	28f. Highway 395	28g. Hwy 395 between Mica and Plymouth, Nevada	

STATE REGISTRAR

No. 254026

Yvonne Sylva

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

Date Issued: OCT 22 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER



BK- 0206
PG- 5694