

OFFICIAL RECORD

Requested By:
DEBORAH A ROBERTS

A.P.N. 1220-21-810-201

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0406 PG- 4148 RPTT: 0.00



When Recorded Mail To:
Deborah A. Roberts
1336 Victoria Dr.
Gardnerville, Nv 89460

✓ PO Box 6450
Gardnerville NV
89460

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Thomas N. Lowe Sr., decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas N. Lowe Sr. named as one of the parties in that certain Grant Bargain and Sale Deed dated December 23, 2006, executed by Dennis W. Primrose and Janine M. Primrose to Thomas N. Lowe Sr. and Deborah A. Roberts, as joint tenants, recorded as Instrument No. 0562638 in Book 0103 Page 00142 on January 2, 2003 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 359, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as file No. 72456

Dated: April 12, 2006

Deborah A. Roberts

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)



On April 12 2006 , before me, a notary public, personally appeared Deborah A. Roberts, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

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

2805 0007183

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		
1. Thomas N. LOWE		2. May 24, 2005		3a. Douglas		3b. 2805 0007183		
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)		SEX		
3b. Gardnerville		3c. 1336 Victoria Dr.		3e. 6		4. Male		
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 (Year)		DATE OF BIRTH (Mo., Day, Yr.)		
5. White		6. 76 58		7b. 58		8. August 28, 1946		
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. 11 Years		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. 3452		14a. Supervisor		14b. Cable Industry		12. Deborah Burke		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1336 Victoria Dr		
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME		MOTHER—MAIDEN NAME		15e. Yes		
		16. David G. Lowe		17. Hazel R. Balin				
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Deborah A. Roberts-Lowe - Wife				18b. 1336 Victoria Dr. Gardnerville, Nevada 89460				
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State		
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY				
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410				
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]				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.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21b. 5/28/05		21c. 1220		22b. [Signature]		22c. [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)				
21d. [Signature]				22d. ON [Signature]				
22e. AT [Signature]								
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						LICENSE NUMBER		
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, Nevada 89423						23b. 8912		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
24a. [Signature]		24b. June 2, 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 I		(a) respiratory failure						Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
		(b) liver cancer, metastatic						Interval between onset and death
		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
						26. No		27. No
ACC., SUICIDE, HOM. 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.				

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

RENTS

POSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

STATE REGISTRAR

No. 286930

112163 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:

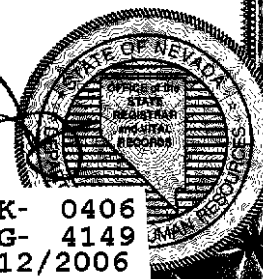
APR 11 2006

STATE REGISTRAR

This copy is not valid unless prepared on engraved border display.



BK- 0406
PG- 4149



ANY ALTERATION OR ERASURE IS VOID