

DOC # 0674004  
05/02/2006 02:40 PM Deputy: KLJ

**OFFICIAL RECORD**

Requested By:

MARQUIS TITLE & ESCROW

Assessor's Parcel No.: 1220-21-810-201

Douglas County - NV  
Werner Christen - Recorder

RPTT: \$ \_\_\_\_\_ or Exempt # \_\_\_\_\_

Page: 1 Of 3 Fee: 16.00  
BK-0506 PG- 1214 RPTT: 0.00



Recording Requested by:

Deborah Roberts  
P.O. Box 6450  
Gardnerville, NV 89460

TITLE OF DOCUMENT: AFFIDAVIT -DEATH OF A JOINT TENANT

THIS DOCUMENT IS BEING RE-RECORDED TO  
CORRECT DATES

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

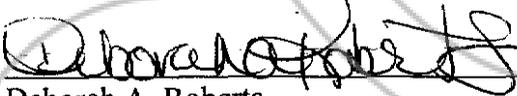
**AFFIDAVIT - DEATH OF JOINT TENANT**

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, ~~2002~~<sup>2002</sup>, 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

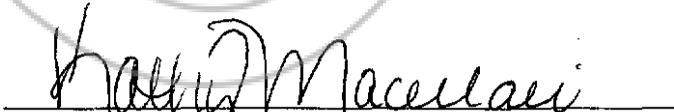


Deborah A. Roberts

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**

20050007183

TYPE OF PRINT IN PERMANENT INK  
CEDENT  
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS  
RENTS  
POSITION  
CERTIFIER  
CONDITIONS ANY WHICH GAVE RISE TO IMMEDIATE CAUSE DURING THE PREVIOUS YEAR  
USE OF DEATH

|                                                                                                                                                                                                          |                                                                                                                                                                    |                                                                                                                  |                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| LOCAL FILE NUMBER                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                  | STATE FILE NUMBER                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                               |
| 1. DECEASED—NAME First Middle Last<br><b>Thomas N. LOWE</b>                                                                                                                                              |                                                                                                                                                                    |                                                                                                                  | 2. DATE OF DEATH (Month, Day, Year)<br><b>May 24, 2005</b>                                                                                                                                                                            |                                                                                                                          | 3a. COUNTY OF DEATH<br><b>Douglas</b>                                                                         |
| 3b. CITY, TOWN OR LOCATION OF DEATH<br><b>Gardnerville</b>                                                                                                                                               |                                                                                                                                                                    | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)<br><b>1336 Victoria Dr.</b>       |                                                                                                                                                                                                                                       | 3e. If Hosp. or Inst. Indicate DOA, OP, Emer, Fin. Inpatient (Specify)<br><b>6</b>                                       | 4. SEX<br><b>Male</b>                                                                                         |
| 5. RACE—(e.g. White, Black, American Indian, etc.) (Specify)<br><b>White</b>                                                                                                                             | 6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | 7a. AGE—Last Birthday (Years)<br><b>58</b>                                                                       | 7b. UNDER 1 YEAR MOS : DAYS                                                                                                                                                                                                           | 7c. UNDER 1 DAY HOURS : MINS                                                                                             | 8. DATE OF BIRTH (Mo., Day, Yr.)<br><b>August 28, 1946</b>                                                    |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br><b>California</b>                                                                                                                                    | 9b. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                       | 10. Decedent's Education Specify highest grade completed.<br><b>11 Years</b>                                     | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                                                                                                             | 12. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Deborah Burke</b>                                                 |                                                                                                               |
| 13. SOCIAL SECURITY NUMBER<br><b>3452</b>                                                                                                                                                                |                                                                                                                                                                    | 14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)<br><b>Supervisor</b> | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Cable Industry</b>                                                                                                                                                                            |                                                                                                                          |                                                                                                               |
| 15a. RESIDENCE—STATE<br><b>Nevada</b>                                                                                                                                                                    | 15b. COUNTY<br><b>Douglas</b>                                                                                                                                      | 15c. CITY, TOWN, OR LOCATION<br><b>Gardnerville</b>                                                              | 15d. STREET AND NUMBER<br><b>1336 Victoria Dr</b>                                                                                                                                                                                     | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>                                                                |                                                                                                               |
| 16. FATHER—NAME First Middle Last<br><b>David C. Lowe</b>                                                                                                                                                |                                                                                                                                                                    |                                                                                                                  | 17. MOTHER—MAIDEN NAME First Middle Last<br><b>Hazel R. Balin</b>                                                                                                                                                                     |                                                                                                                          |                                                                                                               |
| 18a. INFORMANT—NAME (Type or Print)<br><b>Deborah A. Roberts-Lowe - Wife</b>                                                                                                                             |                                                                                                                                                                    |                                                                                                                  | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br><b>1336 Victoria Dr. Gardnerville, Nevada 89460</b>                                                                                                          |                                                                                                                          |                                                                                                               |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>                                                                                                                                     |                                                                                                                                                                    | 19b. CEMETERY OR CREMATORY—NAME<br><b>FitzHenry's Crematory</b>                                                  |                                                                                                                                                                                                                                       | 19c. LOCATION City or Town State<br><b>Carson City, Nevada</b>                                                           |                                                                                                               |
| 20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)<br><i>[Signature]</i>                                                                                                                         |                                                                                                                                                                    | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>217</b>                                                               |                                                                                                                                                                                                                                       | 20c. NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b> |                                                                                                               |
| 21a. On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.<br>(Signature and Title) <i>[Signature]</i><br>DATE SIGNED (Mo., Day, Yr.) <b>5/28/05</b> |                                                                                                                                                                    |                                                                                                                  | 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.<br>(Signature and Title) <i>[Signature]</i><br>DATE SIGNED (Mo., Day, Yr.) |                                                                                                                          |                                                                                                               |
| 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Andrea L. Miller M.D.</b>                                                                                                 |                                                                                                                                                                    |                                                                                                                  | 22b. PRONOUNCED DEAD (Mo., Day, Yr.)                                                                                                                                                                                                  |                                                                                                                          |                                                                                                               |
| 21c. HOUR OF DEATH<br><b>1220</b>                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                  | 22c. PRONOUNCED DEAD (Hour)                                                                                                                                                                                                           |                                                                                                                          |                                                                                                               |
| 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)<br><b>Andrea L. Miller M.D., 1374 Bridle Way, Minden, Nevada 89423</b>                |                                                                                                                                                                    |                                                                                                                  | 22d. AT                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                               |
| 23a. REGISTRAR<br><i>[Signature]</i>                                                                                                                                                                     |                                                                                                                                                                    |                                                                                                                  | 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br><b>June 2 2005</b>                                                                                                                                                                 |                                                                                                                          | 23c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) <b>respiratory failure</b>                                                                                                                                                                    |                                                                                                                                                                    |                                                                                                                  | Interval between onset and death                                                                                                                                                                                                      |                                                                                                                          |                                                                                                               |
| PART I (b) <b>liver cancer, metastatic</b>                                                                                                                                                               |                                                                                                                                                                    |                                                                                                                  | Interval between onset and death                                                                                                                                                                                                      |                                                                                                                          |                                                                                                               |
| PART I (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.                                                                         |                                                                                                                                                                    |                                                                                                                  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>                                                                                                                                                                                          |                                                                                                                          | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>                                             |
| 28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)                                                                                                                                           | 28b. DATE OF INJURY (Mo., Day, Yr.)                                                                                                                                | 28c. HOUR OF INJURY                                                                                              | 28d. DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                     |                                                                                                                          |                                                                                                               |
| 28e. INJURY AT WORK (Specify Yes or No)                                                                                                                                                                  | 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)                                                                               | 28g. LOCATION                                                                                                    | 28h. STREET OR R.F.D. No.                                                                                                                                                                                                             | 28i. CITY OR TOWN                                                                                                        | 28j. STATE                                                                                                    |

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

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BK- 0406  
PG- 4149



BK- 0506  
PG- 1216  
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