

11'

DOC # 0674801
05/12/2006 03:51 PM Deputy: GB

OFFICIAL RECORD

Requested By:

ROWE & HALES

APN: 1219-12-002-004
RECORDING REQUESTED BY AND
MAIL TO:

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0506 PG- 5155 RPTT: 0.00

MARK CASTALDI
c/o MICHAEL SMILEY ROWE, ESQ.
1638 Esmeralda Avenue
Minden, NV 89423



AFFIDAVIT OF SURVIVING JOINT TENANT

MARK CASTALDI, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. That your affiant is the surviving son of Lucretia Gervais-Sanders, and affiant the surviving joint tenant of Lucretia Gervais-Sanders.

2. Your affiant and Lucretia Gervais-Sanders were grantees in joint tenancy with right of survivorship pursuant to that certain grant, bargain and sale deed dated January 6, 1998, and recorded February 17, 1998, in the official records of Douglas County, Nevada, as Document No. 432813, Book 0298, Page 2808.

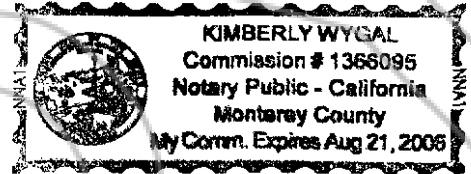
The grantees in the grant, bargain and sale deed are one and the same as your affiant and Lucretia Gervais-Sanders.

Notarial Officer in and for said County and State,
personally appeared MARK CASTALDI, known to me to be the
person whose name is subscribed to the within instrument
and acknowledged that he executed the same.

This instrument was acknowledged
before me on this 8th day of May,
2006.



NOTARIAL OFFICER



COPIES



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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Lucretia Isabella GERVAIS-SANDERS		2. April 11, 2006		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1020 Marsha Lane		3e. Female		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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. No		7a. 69		8. January 18, 1937	
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. Pennsylvania		9b. USA		10. 14		11. Widowed	
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. 6421		14a. Buyer		14b. Aerospace		12.	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1020 Marsha Lane	
15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15a. Yes	
16. Anthony Rodriguez		17. Angelina Neri		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mark Castaldi		18b. 125 Surf Way, #418, Monterey, CA 93940		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Genoa Cemetery		19c. Genoa Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		Walton's Douglas Mortuary	
20a. Jimmy Damico		009		1478 4th Street, Minden, Nevada 89423			
21a. To the best of my knowledge, based on what I saw, felt and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. [Signature]		21b. 4-13-06		21c. 0650		21d. B. Bottenberg, D.O., 550 W. Washington #1, Carson City, NV 89701	
21e. To be completed by CERTIFYING PHYSICIAN		21f. To be completed by CERTIFYING PHYSICIAN		22a. DATE SIGNED (Mo., Day, Yr.)		22b. HOUR OF DEATH	
				22a. ON		22b. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
23a. B. Bottenberg, D.O., 550 W. Washington #1, Carson City, NV 89701		23b. DO674		24a. [Signature]		24b. April 13, 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24c. DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Small cell carcinoma of lung		Interval between onset and death		months		Interval between onset and death	
(b)		Interval between onset and death				Interval between onset and death	
(c)		Interval between onset and death				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)		27. No	
27. No		No		No		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.		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	
29a.		29b.		29c.		29d.	

STATE REGISTRAR

No. 321612

112469

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.

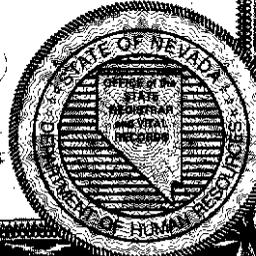
DATE ISSUED:

APR 13 2006

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



BK- 0506
PG- 5158
0674801 Page: 4 of 4 05/12/2006