APN: 1318-10-411-005

Recording Request By and When Recorded Mail to:

Jeffrey K. Rahbeck, Esq. √ P.O. Box 435 Zephyr Cove, NV 89448

Mail Tax Statements to:

Neil Burns P.O. Box 10611 Zephyr Cove, NV 89448

/2006 09:14 AM OFFICIAL RECORD Requested By: JEFFREY K RAHBECK ESQ

> Douglas County - NV Werner Christen - Recorder

2 Fee:  $\mathbf{of}$ Page: 1 PG- 8645 RPTT: BK-0706

15.00 0.00



AFFIDAVIT BY SURVIVING COMMUNITY PROPERTY TENANT

State of Nevada ) ss. County of Douglas )

NEIL BURNS, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of ROBERTA L. BURNS and that the Affiant and the said ROBERTA L. BURNS, deceased, are the grantees in community property with right of survivorship by Ouitclaim Deed recorded on December 5, 2005, in Book 1, at Page 3, as Document No. 0662265 of Official Records of Douglas County, Nevada, in and to that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

"Lot 4 of Zephyr Heights, Unit No. 6, recorded on October 30, 1963, as Document No. 23747 in Official Records of Douglas County, Nevada.

That the said ROBERTA L. BURNS died on the 21st day of October, 2005, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A", and incorporated herein.

That all interest in and to the above-described real property, vested absolutely in Affiant, namely NEIL L. BURNS, as of the date of the decedent's death. Jul Ber

Dated: This Jornaday of June

Neil L. Burns

SUBSCRIBED and SWORN to before me

this 12th day of 2006.

## EL DORADO COUNTY HEALTH DEPARTMENT

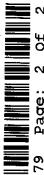
PLACERVILLE, CALIFORNIA

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**CERTIFIED COPY OF VITAL RECORDS** STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

\*000092608\*





DATE ISSUED 11/03/2005

DATE ISSUED SHELDON R. MINKIN, D.O. COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seat and signature of the County Health Officer.