

RECORDING REQUESTED BY:
Ticor Title Company of California
Escrow No.: 06-20032033-RW
Locate No.: CAIND0000-0720-0003-

DOC # 0681262
08/04/2006 11:48 AM Deputy: PK
OFFICIAL RECORD
Requested By:
WESTERN TITLE COMPANY INC

When Recorded Mail Document To:
Catherine J. Field
P O Box 10865
Zephyr Cove, NV 89448

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0806 PG- 1619 RPTT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

003949-CTD
APN: 1318-23-211-008

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada
COUNTY OF Douglas,

Catherine J. Field, of legal age, being first duly sworn, and deposes and says:

That **Lee H. Field**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Lee H. Field** named as one of the parties in that certain dated executed by to **Catherine J. Field** and **Lee H. Field**, as Joint Tenants, recorded as instrument no. 267074 on 12-13-91 Official Records of **Douglas** County, Nevada, covering the following described property situated in the City of **Zephyr Cove**, County of **Douglas**, State of **Nevada**.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

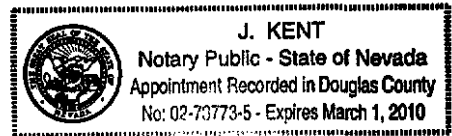
DATED: July 31, 2006

State of Nevada
County of Douglas

Catherine J Field

Subscribed and sworn to (or affirmed) before me on
this 31st day of July, 2006,
by Catherine J Field

personally known to me or proved to me on the basis of
satisfactory evidence to be the person(s) who appeared
before me.



Signature J. Kent (Seal)
J. KENT

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		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Lee Hart FIELD		2. January 2, 2000		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, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Zephyr Cove		3c. 136 Holly		3e. Male		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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		X		7a. 61		September 6, 1938	
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. Nebraska		9c. U.S.A.		10. 16		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. -3726		14a. Facilities Mechanic III		14b. Casino		12. Catherine J. Basas	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15c. Zephyr Cove		15d. 136 Holly		15e. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
16. Irwin Faye Field		17. Helen Bernice Johnson		18a. Catherine J. Field - Wife		18b. P.O. Box 10865, Zephyr Cove, Nevada 89448	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City, Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
20a. Jimmy Burns		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423		NAME AND ADDRESS OF FACILITY	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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)		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. DATE SIGNED (Mo., Day, Yr.)		21f. HOUR OF DEATH	
21g. 1/03/2000		21h. 0550		22b. 1/03/2000		22c. 0550	
22d. ON 1/02/2000		22e. AT 0550		22f. PRONOUNCED DEAD (Mo., Day, Yr.)		22g. PRONOUNCED DEAD (Hour)	
22h. 1/02/2000		22i. AT 0550		23a. Deputy Ron Michitarian-Coroner, P.O. Box 218, Minden, Nevada 89423		23b. 255	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
23a. Deputy Ron Michitarian-Coroner, P.O. Box 218, Minden, Nevada 89423		23b. 255		24a. (Signature) [Signature]		24b. January 4, 2000	
24c. DEATH DUE TO COMMUNICABLE DISEASE		24d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
PART I		(a) Advanced Metastatic Prostate Cancer		(b) 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. Yes		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	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 150857

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

Date Issued:

JAN 04 2000

State Registrar

Gyonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK- 0806
PG- 1620

EXHIBIT "A"

**All that real property situate in the County of Douglas, State of Nevada,
described as follows:**

**Lot 64, of LAKE VILLAGE, UNIT 2-E, according to the map thereof, filed in
the office of the County Recorder of Douglas County, State of Nevada, on
October 18, 1972, in Book 1072, Page 436, Document No. 62363.**

COPY

