

RECORDING REQUESTED BY:
We The People
WHEN RECORDED MAIL TO:

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0906 PG- 7043 RPTT: 0.00

William L. Dunning
P. O. Box 2361
Carson City, NV 89702



MAIL TAX STATEMENTS TO:

William L. Dunning
P. O. Box 2361
Carson City, NV 89702

AFFIDAVIT - DEATH OF JOINT TENANT

APN: 1420-18-214-041
13-255-20

State of Nevada }
County of Douglas }

William L. Dunning, of legal age, being first duly sworn, deposes and says:

That Mary E. Dunning, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary E. Dunning, named as one of the parties in that certain deed recorded December 17, 1986, executed on December 16, 1986, by Victor G. Schiro and L. Nadine Schiro, Husband and Wife, to William L. Dunning and Mary E. Dunning, Husband and Wife, as Joint Tenants with Right of Survivorship, recorded as Instrument No. 146943, Book 1286, Page 2265, in Douglas County, Nevada
Commonly known as: 861 Coloma Drive, Carson City, NV 89705

Described as: Lot 20, in Block A, as shown on the map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on September 18, 1978, as Document No. 25326, and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879 of Official Records at Page 1725, as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079 of Official Records, at Page 1039, Douglas County, Nevada, as Document No. 37638.

With all appurtenances, subject to covenants, easements and restrictions of record.

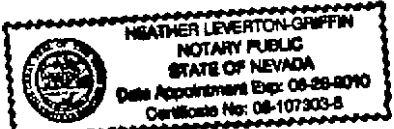
Date 9/18/06 William L. Dunning
William L. Dunning

State of Nevada }
County of Carson }

On Sept. 18, 2006, before me, Heather Leverton Griffin, a notary public in and for said state, personally appeared William L. Dunning, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Heather Leverton Griffin
Notary Public



VERIFICATION

I, the undersigned, say:

I am the declarant in this proceeding; the statements in the affidavit are true to my knowledge, except as to the matters that are stated in it on my information and belief, and as to those matter, I believe it to be true.

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on Sept. 18th, 2006, at Carson City, Nevada


William L. Dunning, Declarant

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

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

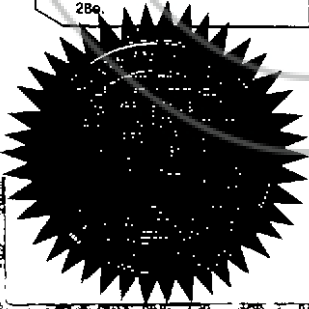
CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Mary E. DUNNING			DATE OF DEATH (Month, Day, Year) 2. February 2, 1998		COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Carson Tahoe Hospital		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 71	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. April 4, 1926	
SOCIAL SECURITY NUMBER 13. -0007		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Retired Property Manager		KIND OF BUSINESS OR INDUSTRY 14b. Property Management Business	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 861 Coloma Drive	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Joseph E. Schulz			MOTHER—MAIDEN NAME First Middle Last 17. Irma M. Riehl		
INFORMANT—NAME (Type or Print) 18a. William Dunning - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 861 Coloma Drive, Carson City, Nevada 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Lone Mountain Cemetery		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 94		NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, 1281 North Rook St., Carson City, Nevada 8970	
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 2-4-98			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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. :		
21c. HOUR OF DEATH 21d. 1555			22c. HOUR OF DEATH 22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Dr. P. Aldrich, 412 West John Street, Carson City, Nevada 89703					LICENSE NUMBER 23b. 3334
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 4, 1998		DEATH DUE TO COMMUNICABLE DISEASE 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 Days		
(b) Chronic Obstructive Lung Disease			Interval between onset and death Yrs		
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. CAD Osteoporosis HTN Hypothyroid					
AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

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PG- 7045
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0684890 09/21/2006



STATE REGISTRAR

No. 122304

[Signature]

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

Date Issued: FEB 04 1998

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT