

OFFICIAL RECORD

Requested By:

ROWE & HALES E & HALES

RECORDING REQUESTED BY AND
MAIL TO:

Gail Furnis-Thomas
1950 Still Meadows Rd.
Solvang, CA 93463

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1206 PG- 986 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

GAIL A. FURNIS-THOMAS, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. That your affiant was married to **GEORGE JAMES THOMAS**, Deceased. Your affiant is the surviving spouse and joint tenant of **GEORGE JAMES THOMAS**.

2. Your affiant and **GEORGE JAMES THOMAS** were grantees in joint tenancy with right of survivorship pursuant to that certain Grant Deed dated November 4, 2000, and recorded December 7, 2000, in the official records of Douglas County, Nevada, as Document No. 504588, Book 1200, Page 1168.

The grantees in the Grant Deed are one and the same as your affiant and **GEORGE JAMES THOMAS**.

3. The joint tenancy property, with right of survivorship, is located at 3755 Lyla Lane, Carson City, Nevada, Douglas County Assessor's Parcel No. 1420-05-101-003. The property may be more

specifically identified as:

SEE EXHIBIT "A" ATTACHED HERETO

GEORGE JAMES THOMAS, affiant's joint tenant, died on July 29, 2006, in Solvang, Santa Barbara, California, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That all of the property identified herein is now vested in your affiant, GAIL A. FURNIS-THOMAS, as of the date of the Decedent's death.

DATED this 21st day of November, 2006.

Gail A. Furnis Thomas
GAIL A. FURNIS-THOMAS

A C K N O W L E D G E M E N T

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA BARBARA)

On November 21, 2006, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared GAIL A. FURNIS-THOMAS, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 21st day of November, 2006.

Michael S. Hardy
NOTARIAL OFFICER

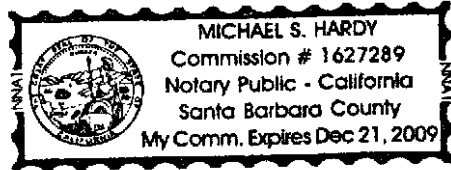


EXHIBIT "A"

Real property in Douglas County, State of Nevada, described as follows:

The southerly 64.68 feet of Lot 14 and the Northerly 67.32 feet
of Lot 15 in Section 5, Township 14 north, range 20 East,
M.D.B.M.

APN # 1420-05-101-003

3755 Lyla Lane, Carson City, Nevada, 89705

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200642001715

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-15 (REV. 1/95)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE JAMES		3. LAST (Family) THOMAS	
AKA, ALBO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/03/1943		5. AGE Yrs 63	
6. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 7374		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
9. BIRTH STATE/FOREIGN COUNTRY PA		12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 07/29/2006	
13. EDUCATION - Highest Level Completed (see worksheet on back) HS GRADUATE		14. WAS DECEDENT SPANISH/Hispanic/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 2217	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER/OPERATOR		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AFFORDABLE HOUSING CO.	
20. DECEDENT'S RESIDENCE (Street and number or location) 1950 STILL MEADOW ROAD		19. YEARS IN OCCUPATION 5			
21. CITY SOLVANG		22. COUNTY/PROVINCE SANTA BARBARA		23. ZIP CODE 93463	
24. YEARS IN COUNTY 21		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP GAIL A. THOMAS, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1950 STILL MEADOW ROAD, SOLVANG, CA, 93463			
28. NAME OF SURVIVING SPOUSE - FIRST GAIL		29. MIDDLE ANN		30. LAST (Maiden Name) FURNIS	
31. NAME OF FATHER - FIRST GEORGE		32. MIDDLE FRANKLIN		33. LAST THOMAS	
34. BIRTH STATE PA		35. NAME OF MOTHER - FIRST NANCY		36. MIDDLE QUINN	
37. BIRTH STATE PA		38. DISPOSITION DATE mm/dd/yyyy 08/05/2006			
39. PLACE OF FINAL DISPOSITION RES. GAIL A. THOMAS, 1950 STILL MEADOW ROAD, SOLVANG, CA 93463		40. TYPE OF DISPOSITION(S) CR/RES			
41. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL		42. SIGNATURE OF EMBALMER <i>[Signature]</i>		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL		45. LICENSE NUMBER FD1294		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy 08/03/2006					
101. PLACE OF DEATH SANTA YNEZ VALLEY HOSPITAL		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> EROP <input type="checkbox"/> DOA <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE The blood between Cause and Death: <input type="checkbox"/> Autopsy <input type="checkbox"/> Family <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2050 VIBORG ROAD		106. CITY SOLVANG	
107. CAUSE OF DEATH Enter the chain of events - Diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascularly dependent without stating the etiology. DO NOT ABBREVIATE. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		108. DEATH REPORTED TO CORONER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. BIRTH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. BIRTH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, HIGH CHOLESTEROL, DIABETES, HISTORY OF ANGIOPLASTY					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 DR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since: <input type="checkbox"/> mm/dd/yyyy <input type="checkbox"/> mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy 08/01/2006		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER/DEPUTY CORONER <i>[Signature]</i>		127. DATE mm/dd/yyyy 08/01/2006		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER PATRICK TRUDGEON, DEPUTY CORONER	

BK- 1206
PG- 989
0689983 Page: 4 OF 4 12/04/2006

000246171

CERTIFIED COPY OF VITAL RECORDS
AUG 30 2006
DATE ISSUED

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

[Signature]
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

