

OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0607 PG- 9929 RPTT: 0.00



RECORDING REQUESTED BY
First American Title Insurance Company

AND WHEN RECORDED MAIL TO:
Dina Hooten
105 F Street
Taft, CA 93268

Space Above This Line for Recorder's Use Only

A.P.N.: 1220-21-610-268

File No.: 143-2322481 (CAL)

AFFIDAVIT - DEATH OF SPOUSE

(Community Property with Right of Survivorship)

State of **Nevada**)
)ss
County of **Douglas**)

Carrie Lindquist ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

1. **John Robert Marshall** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 24, 2005** at **Gardnerville, Nevada** .
2. Penny Lou Marshall was legally married to Decedent as of the date of death referenced in the attached Certificate of Death and was the surviving spouse of Decedent.
3. Penny Lou Marshall and Decedent are the same persons as **John Robert Marshall and Penny Lou Marshall** who are named as the grantees ("Grantees") in that certain **Grant Deed** dated **July 5, 1994**, executed by **Mark A. Danihel and Mary A. Danihel**, in favor of Grantees vesting title as community property with right of survivorship and which document was recorded July 27, 1994 as Instrument No. **342663** in Book **794**, Page **4067**, of Official Records of Douglas County, State of Nevada, covering the following described real property situated in the County of Douglas , State of Nevada (the "Real Property"):

Attached hereto as Exhibit A.

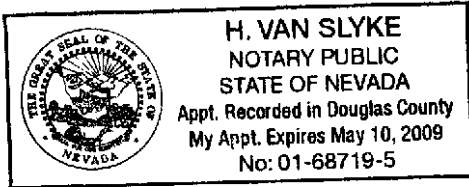
Dated: 6/29/07

DECLARANT:

Carrie Lindquist

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 29th day of June, 2007,
by Came Lindquist, personally known to me or proved to me on this basis of
satisfactory evidence to be the person(s) who appeared before me.



(seal)

Signature H Van Slyke
H Van Slyke

COPIED

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20050014196

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

POSITION

OFFICER

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

USE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. John Robert MARSHALL			2. September 24, 2005		3a. Douglas
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. Gardnerville		3c. 1371 Cardinal Court		3e. 6	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, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 58	7b.	7c.	8. May 14, 1947
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. U.S.A.	10. 12	11. Married	12. Penny Hicks	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13.	14a. Electrician		14b. Construction Industry		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1371 Cardinal Ct	15e. No	
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
16. Charlie Marshall	17. Minnie White				
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Penny Marshall			18b. 1371 Cardinal Court Gardnerville, NV 89460		
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)		FUNERAL DIRECTOR—LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV 89703		
21a. To the best of my knowledge, as reported at the time, date and place and due to the cause(s) stated.			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>			(Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
21b. 9-27-05			22b.		
HOUR OF DEATH			HOUR OF DEATH		
21c. 07:45			22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22d. ON		
PRONOUNCED DEAD (Hour)			22e. AT		
21e.			22e.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)					LICENSE NUMBER
23a. Steven Brown M.D. 925 Ironwood #2105 Minden, Nevada					23b. 89423 7273
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. <i>[Signature]</i>		24b. September 28, 2005	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) Cirrhosis of the Liver					
DUE TO, OR AS A CONSEQUENCE OF:					
PART I (b) Hepatitis C					
DUE TO, OR AS A CONSEQUENCE OF:					
PART I (c)					
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				26. No	27. 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. M	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
28e.	28f.	28g.			

STATE REGISTRAR

No. 291186

154054

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.

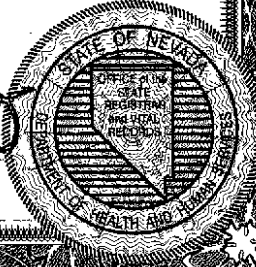
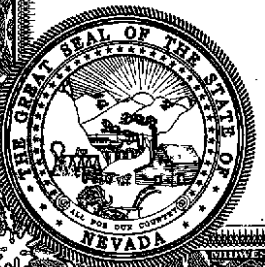
DATE ISSUED:

JUN 29 2007

[Signature]
STATE REGISTRAR

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

PENCO (REV.) LTR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0607
PG- 9931
0704177 Page: 3 Of 4 06/29/2007

EXHIBIT A

PARCEL 1:

LOT 517, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS FILE NO. 66512.

PARCEL 2:

A PORTION OF PUBLIC PARK AS SHOWN ON THAT CERTAIN SUBDIVISION MAP FOR GARDNERVILLE RANCHOS UNIT NO. 6, RECORDED MAY 29, 1973 IN BOOK 573 AT PAGE 1026 AS INSTRUMENT NO. 66512, DOUGLAS COUNTY, NEVADA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF LOT 517 AS SHOWN ON SAID SUBDIVISION MAP;

THENCE NORTH 88°50'24" EAST, A DISTANCE OF 7.54' TO A POINT;

THENCE SOUTH 07°06'00" EAST, A DISTANCE OF 117.27' TO A POINT;

THENCE SOUTH 86°24'37" WEST, A DISTANCE OF 7.51' TO A POINT;

THENCE NORTH 07°06'00" WEST, CONTINUING ALONG SAID EAST LINE A DISTANCE OF 117.59' TO THE TRUE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 18, 2003 IN BOOK 903, PAGE 9876 AS INSTRUMENT NO. 590421.

