

A.P.N. # 1420-27-810-032

RECORDING REQUESTED BY:

Douglas County - NV
 Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
 BK-1007 PG- 2333 RPTT: 0.00

WHEN RECORDED MAIL TO:

Jeffrey W. Ritter
 7028 55th Ave. NE
 Seattle, WA 98115



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
 COUNTY OF DOUGLAS }

Jeffrey W. Ritter, of legal age, being first duly sworn, deposes and says: That David Winton Ritter, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David W. Ritter named as one of the parties in that certain DEED dated June 23, 2005 executed by David W. Ritter to David W. Ritter then upon death to Jeffrey W. Ritter as joint tenants, recorded as Instrument No. 0651016, on August 01, 2005 in Book 0805, Page 00151, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:

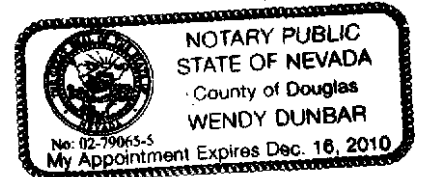
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: October 08, 2007

Jeffrey W. Ritter
 Jeffrey W. Ritter

STATE OF Nevada }
 } ss.
 COUNTY OF Douglas }

This instrument was acknowledged before me on October 08, 2007
 by, Jeffrey W. Ritter



Signature Wendy Dunbar

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.:

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 13, in Block 2, of Paradise View Subdivision according to the Official Plat thereof filed in the Office of the County Recorder of Douglas County, Nevada, in Book 1 of Maps, File No. 17230.

COPY



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007007468

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

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST David			1b. MIDDLE Winton			1c. LAST RITTER			2. DATE OF DEATH (Mo/Day/Year) September 19, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2820 Squires Street					3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 06, 1942			
9a. STATE OF BIRTH (If not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			12. SURVIVING SPOUSE (if wife, give maiden name)				
13. SOCIAL SECURITY NUMBER [REDACTED] 5791				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Pit Supervisor					14b. KIND OF BUSINESS OR INDUSTRY Gaming					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 2820 Squires Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix) Lee Hawkins RITTER						17. MOTHER - NAME (First Middle Last Suffix) Dorothy DUNN								
18a. INFORMANT - NAME (Type or Print) Jeff RITTER					18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7028 55th Ave N.E., Seattle, Washington 98115									
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 895 N Gardnerville NV 89410								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature]						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) stated. (Signature & Title) GREG HUBBARD SIGNATURE AUTHENTICATED								
21b. DATE SIGNED (Mo/Day/Yr) September 25, 2007			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) September 25, 2007			22c. HOUR OF DEATH 14:15					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) September 19, 2007			22e. PRONOUNCED DEAD AT (Hour) 14:15					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard, P.O. Box 218 Minden, NV, 89423									23b. LICENSE NUMBER 262					
24a. REGISTRAR (Signature) CHRISTINE POOL SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Myocardial Infarction														
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Arteriosclerosis Cardiovascular Disease														
DUE TO, OR AS A CONSEQUENCE OF:														
(c)														
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I.														
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		STREET OR R.F.D. No.		CITY OR TOWN		STATE		

STATE REGISTRAR

529158



BK- 1007
PG- 2335

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169094 CERTIFIED COPY OF VITAL RECORDS

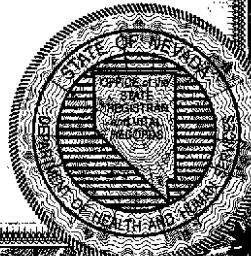
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: SEP 27 2007

[Signature]
STATE REGISTRAR

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

PBNC0 (Rev) 11/05



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE