



A.P.N. # 1319-15-000-020
Interval # 31
Recording Requested by:
FIRST AMERICAN TITLE

When recorded mail to:
ES Financial Corporation
3200 Broadmoor Ave SE
Grand Rapids MI 49512

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss
COUNTY OF DOUGLAS)

Rosemary Goderre of legal age, being first duly sworn, deposes and says: that Glenn P. Coderre, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Glenn P. Goderre named as one of the parties in that certain Grant Deed dated September 16, 2005 executed by Walley's Partners Limited Partnership, a Nevada limited partnership to (name) as joint tenants, recorded as instrument No. 0655180 on September 16, 2005 in Book 0905 Page 5530 of the official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof;

Date: 04-24-2008

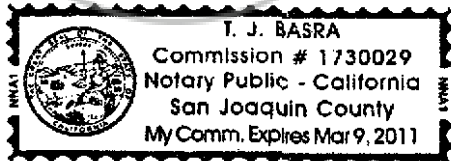
Rosemary L. Goderre
Rosemary L. Goderre

STATE OF CALIFORNIA)
)ss
COUNTY OF SAN JOAQUIN)

This instrument was acknowledged before me on 04-24-2008, by
ROSEMARY LANE GODERRE

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT
THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

T. Basra
Notary Public



SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

3200739003772

STATE FILE NUMBER

1.1

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD			
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) GLENN	2. MIDDLE PETER	3. LAST (FAMILY) GODERRE
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 10/27/2007	6. CITY OF OCCURRENCE TRACY	7. COUNTY OF OCCURRENCE SAN JOAQUIN
4. SEX M			

PART II STATEMENT OF CORRECTIONS		
LIST ONE ITEM PER LINE	9. CERTIFICATE ITEM NUMBER 119	10. INFORMATION AS IT SHOULD APPEAR NATURAL
	8. INFORMATION AS IT APPEARS ON ORIGINAL RECORD PENDING INVESTIGATION	

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER CINDY ANGELI	12. DATE SIGNED—MM/DD/CCYY 11/28/2007	13. TYPED OR PRINTED NAME AND TITLE/DESIGNATION OF CERTIFIER DEPUTY CORONER		
	14. ADDRESS—STREET AND NUMBER 7000 SOUTH MICHAEL CANLIS BLVD	15. CITY FRENCH CAMP	16. STATE CA	17. ZIP CODE 95231	
STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 12/03/2007			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

122607000061426

VS 24A (REV. 10/03)

CERTIFIED COPY OF VITAL RECORDS

000484480

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: 04/11/2008

Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

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

BK-608
PG-1018
724495 Page: 2 of 2 06/04/2008

