DOC # 0731353 10/13/2008 12:14 PM Deputy: PK OFFICIAL RECORD Requested By: KENNETH BRIGGS

A.P.N. 1220-03-111-044

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Mr. Briggs

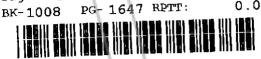
1383 Macenna Ln.

Gardnerville, NV 89410

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 Fee:

15.00



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Kenneth D. Briggs, of legal age, being duly swom, deposes and says

That Lee Ann Frances Briggs, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Leeann F. Briggs named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 2, 2006, executed by Randall S. Harris, President of H & S Constructions, Inc., a Nevada Corporation to Kenneth D. Briggs and Leeann F. Briggs as joint tenants, recorded as Instrument No. 0686659, on October 18, 2006, in Book 1006, Page 6311, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of, State of Nevada.

Lot 44 in Block C as shown on the map entitled Stodick Estates South Phase 1, in the County of Douglas, State of Nevada, filed December 13, 2004 as Document No. 631678, in the Office of the County Recorder of said County.

Dated: October 13, 2008

Kenneth D. Briggs

STATE OF NEVADA

SS.

COUNTY OF DOUGLAS

On October 13, 2008 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Kenneth D. Briggs

known to me to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same.

Signature 5

Notary Public

NOTARY PUBLIC STATE OF NEVADA County of Douglas WENDY DUNBAR No: 02-79065-5 My Appointment Expires Dec. 16, 2010

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

TYPE OR .	CERTIFICATE OF DEATH						2008009456 STATE FILE NUMBER				
PRINT IN	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)						2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
PERMANENT BLACK INK	Lee Ann Frances BRIGGS						June 20, 2008			ashoe	
	•	ind number)	L OR OTHER INSTITUTION -Name(If not either, give			Innation/Specify)			4. SEX		
DECEDENT	Renown Region				onal Medical Center			Inpatient Female			
	5. RACE White (Specify)	6. Hispanic Origin? Specify 7a. AGE-Last birthday (Years) 56			7 <u>5. UND</u> MOS 56		March 10, 1952				
INSTITUTION	9a. STATE OF BIRTH (If not U.S name country) New York	·	CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NI United States 12			D, NEVER MAI (Specify)	ecify) Married maiden namp(el			BRIGGS	
SEE HANDBOOK REGARDING			n USUAL OCCUPATION (Give Kind of Work Done During Most of rking Life, Even If Retired) Clerical			st of 14b K	14b KIND OF BUSINESS OR INDUSTRY Hardware			er in US Armed ces? \No	
COMPLETION OF RESIDENCE		15b. COUNTY		. CITY, TOWN OR		15d. STREET A		ware	156	e. INSIDE CITY	
ITEMS	Nevada						The state of the s		\ LIN	vIITS (Specify Yes No) Yes	
	16. FATHER - NAME (First Middle Last Su		3				33 Macenna Lane or No) Yes NAME (First Middle Last Suffix)				
PARENTS	Robert S MILLEN						Frances VALENTINE				
							F.D. No, City or Town, State, Zip)				
	Kenneth BRIGGS 1383 Macenna Lane Gardnerville, Nevada 89410										
ISPOSITION	19a. BURIAL, CREMATION, REI Cremat	on		Mason	ic Memorial G	5 1 1 TE	\		City or Town no Nevada 89	State 9503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS DIRECTOR LICENSE 20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial SIGNATURE AUTHENTICATED 20d. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502										
RADE CALL	TRADE CALL - NAME AND ADD	URE AUTHE	NTICATED				16 South Weis	Avenue Re	310 INV 0930	12	
TODE OALL	े द्र 21a. To the best of my kn		occurred at the time.	date and place and	22a.	On the basis of	examination and/or	investigation	, in my opinion (eath occurred at	
	due to the cause(s) stated	I. (Signature &	Title)		Part ET	me, date and pl LEN G.I. C	ace and due to the	cause(s) state	ed. (Signature & IIGNATURE AL	Title) U THENTICATED	
CERTIFIER	분 21b. DATE SIGNED (Mo	Day/Yr)	21c. HOUR OF	DEATH	S 22b	DATE SIGNED		22c. F	OUR OF DEATH		
•	21d. NAME OF ATTEND	NG PHYSICIAI	N IF OTHER THAN C	ERTIFIER	B 2 22d	27 27 7%	D DEAD (Mo/Day/Y	r) 22e. F	PRONOUNCED E		
	产员 (Type or Print)		10		P.8	June			17:4		
	23a. NAME AND ADDRESS OF		tysician, attendii G.I. Clark M.D.\		Reno, NV 89	9520	1		3b. LICENSE NUI 585	50	
REGISTRAR	24a. REGISTRAR (Signature)		RIDGES SAN		24b, DATE REC (Mo/Day/Yr)	DEIVED BY REC	100	DEATH DU	_	CABLE DISEASE	
CAUSE OF	25. IMMEDIATE CAUSE		Y ONE CAUSE PER	LINE FOR (a), (b),	AND (c).)			1	Interval between	n onset and death	
DEATH	PART (a) Multiple			**	« ».	(" ^s - &		<u> </u>		<u> </u>	
CONDITIONS IF	Blunt For							I I	Interval between	n onset and death	
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE ->	DUE TO, OR AS A CONSEQUENCE OF:							İ	Interval between	n onset and death	
STATING THE UNDERLYING CAUSE LAST		S A CONSEQU	ENCE OF:		//		* 11E 11	i	Interval betwee	n onset and death	
	PART II							26. AUTOP (Specify Ye	SY 27. W/ S or No) TO CO No or No)	AS CASE REFERRED DRONER (Specify Yes	
/ /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	1	NJURY (Mo/Day/Yr)	28c. HOUR OF IN		CRIBE HOW INJUR	RY OCCURRED or of automob			163	
	OR PENDING INVEST (Specify) ACCIDENT. 28e. INJURY AT WORK (Specify)		ne 11, 2008 OF INJURY-At home,	1351 farm. street, factor			STREET OR R.F.D.		Y OR TOWN	STATE	
<u> </u>	Yes or No) No	building, etc.	(Specify)	Street	Hwy 88	at Centerville	Road		Gardnerville	e Nevada	
5210			1 7	STAT	E REGISTRA	ıR				7 - 3	
0			/ /							1.	



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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.

Thany A. Anderson______signature authenticated

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE