

OFFICIAL RECORD

Requested By:  
TRANSCONTINENTAL TITLE CO

APN# 1022-16-001-084

Recording Requested by:

Name: TRANSCONTINENTAL ESCROW  
Address: 3 MACARTHUR PLACE, #960  
City/State/Zip: SANTA ANA, CA 92707

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-1208 PG- 2616 RPTT: 0.00



When Recorded Mail to:

Name: TRANSCONTINENTAL ESCROW  
Address: 3 MACARTHUR PLACE, #960  
City/State/Zip: SANTA ANA, CA 92707

( for Recorder's use only )

Mail Tax Statement to:

Name: DEBORAH LYNN SMITH  
Address: 3775 WALKER VIEW RD  
City/State/Zip: WELLINGTON, NV 89444

①

AFFIDAVIT OF SURVIVING SPOUSE

( Title of Document )

Book 806 Page 12059

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

(State specific law)

Signature [Handwritten Signature] CLOSING AGENT Title

SAMER A NASR/TRANSCONTINENTAL ESCROW  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

**Record and return to:**  
**Transcontinental Title Co/ Escrow Co**  
**3 MacArthur Place Ste. 960**  
**Santa Ana, CA 92707**

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF Nevada Book 806 Page 12059  
COUNTY OF Douglas

ON THIS 28th DAY OF October, 2008, BEFORE ME PERSONALLY APPEARED Debi L. Smith TO ME PERSONALLY KNOWN, WHO BEING BY ME DULY SWORN ON OATH DID SAY THAT AFFIANT IS THE OWNER OF THE FOLLOWING REAL ESTATE:


LOT 4, IN BLOCK E, AS SHOWN ON THE MAP ENTITLED TOPAZ RANCHESTATES, UNIT NO. 4 FILED FOR RECORD NOVEMBER 16, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50212. TOGETHER WITH MOBILE HOME: MODEL NASHUA 3M YEAR 2006 MANUFACTURER: NASHUA HOMES SERIAL NO. NNID41665ABBBEING THE SAME PROPERTY CONVEYED TO CRAIG A. SMITH (DECEASED) AND DEBI L. SMITH, HUSBAND AND WIFE BY DEED FROM ROY A. BROWN, JR. AND DEBI L. SMITH RECORDED 08/31/2006 IN DEED BOOK 806 PAGE 12059, IN THE DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE.

AND THAT SAID REAL ESTATE WAS FORMERLY OWNED BY HIM/HER AND Debi L. Smith AS JOINT TENANTS NOT AS TENANTS IN COMMON AND THAT SAID Debi L. Smith ON THE 28th DAY OF October, 2008, AS SHOWN ON THE ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE.

THAT THE JOINT TENANCY HAD NOT BEEN SEVERED PRIOR TO THE DEATH OF SAID DECEASED.

Debi L. Smith  
Debi L. Smith (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME ON THE DAY AND YEAR FIRST ABOVE WRITTEN.

 Notary Public  
State of Nevada  
County of Douglas  
No. 94-0421-5 Laverne Jory  
My Appointment Expires 4-11-2010

Laverne Jory  
(Notary Public)

MY TERM EXPIRES: 4-11-2010

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2007001896**  
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 <b>CRAIG</b>			1b. MIDDLE <b>ALLEN</b>			1c. LAST <b>SMITH</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 21, 2007</b>			3a. COUNTY OF DEATH <b>Douglas</b>					
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3775 Walker View Road</b>						3e. If Hosp. or inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX <b>Male</b>		
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>Native American</b>			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>Non-hispanic</b>			7a. AGE-Last birthday (Years) <b>53</b>			7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 07, 1953</b>				
9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>18</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Debi BROWN</b>					
13. SOCIAL SECURITY NUMBER <b>██████████8315</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>U. S. Army</b>						14b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Government</b>								
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Wellington</b>			15d. STREET AND NUMBER <b>3775 Walker View Road</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>					
16. FATHER - NAME (First Middle Last Suffix) <b>Jack Pershing SMITH</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Mildred Elizabeth COON</b>											
18a. INFORMANT- NAME (Type or Print) <b>Debi SMITH</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3775 Walker View Road Wellington, Nevada 89444</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>			19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>								
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE <b>217</b>			20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>								
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)						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) <b>JOANNE CYPHER</b> SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) <b>April 25, 2007</b>			22c. HOUR OF DEATH <b>18:00</b>								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 21, 2007</b>			22e. PRONOUNCED DEAD AT (Hour) <b>18:00</b>								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy/Coroner JOANNE CYPHER P. O. Box 218 Minden, NV 89423</b>									23b. LICENSE NUMBER <b>432</b>								
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 27 2007</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART I (a) <b>Pulmonary Thrombosis Emboli</b>						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.									26. AUTOPSY (Specify Yes or No) <b>Yes</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>						
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

0734446 Page: 3 Of 4 BK- 1208 PG- 2618 12/11/2008

141204 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:

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

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

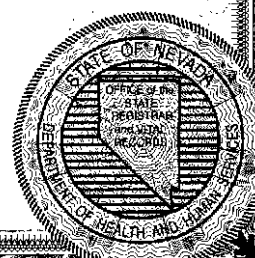


EXHIBIT "A"

60-00073637

LOT 4, IN BLOCK E, AS SHOWN ON THE MAP ENTITLED TOPAZ RANCH  
ESTATES, UNIT NO. 4 FILED FOR RECORD NOVEMBER 16, 1970, IN THE  
OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS  
DOCUMENT NO. 50212.

TOGETHER WITH MOBILE HOME: MODEL NASHUA 3M YEAR 2006  
MANUFACTURER: NASHUA HOMES SERIAL NO. NNID41665AB

BEING THE SAME PROPERTY CONVEYED TO CRAIG A. SMITH (DECEASED) AND  
DEBI L. SMITH, HUSBAND AND WIFE BY DEED FROM ROY A. BROWN, JR. AND  
DEBI L. SMITH RECORDED 08/31/2006 IN DEED BOOK 806 PAGE 12059, IN  
THE DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE.