

16-

OFFICIAL RECORD

Requested By:

GLORIA MOORE

A.P.N. 1320-30-311-026

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0611 PG- 2235 RPTT: 0.00

When Recorded Mail to:
Gloria F. Moore
851 Long Leaf Place
Minden, NV 89423



AFFIDAVIT OF DEATH BY JOINT TENANT

The undersigned, GLORIA F. MOORE, duly sworn, deposes and says:

That LAURENCE RALPH MOORE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LAURENCE R. MOORE, named as one of the parties in that certain CORPORATION GRANT DEED dated October 29, 1991, executed by MIKE HICKEY CONSTRUCTION, INC., a Nevada Corporation to LAURENCE R. MOORE and GLORIA F. MOORE, husband and wife as joint tenants with right of survivorship, recorded on October 30, 1991, in Book 1091, Page 5494, as Document No. 264024, Official Records of Douglas County, State of Nevada, described as follows:

See "EXHIBIT A" attached hereto and made a part of.

Dated: June 10, 2011

Gloria F. Moore
GLORIA F. MOORE

STATE OF NEVADA
COUNTY OF Douglas

On June 10, 2011, before me, the undersigned, a Notary Public in and for said County, personally appeared GLORIA F. MOORE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]
NOTARY PUBLIC

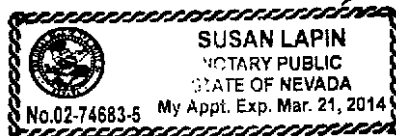


EXHIBIT A

Affecting all that certain piece or parcel of land situate in Douglas County, State of Nevada, as follows:

Lot 1, in Block D, as set forth on the Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder of Douglas County, State of Nevada on August 31, 1989 in Book 889, Page 4564 as Document No. 209883.

APN: 1320-30-311-026

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2010017045
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, MIDDLE, LAST, SUFFIX) Laurence Ralph MOORE			2. DATE OF DEATH (Mo/Day/Year) November 12, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not alther, give street and number) Evergreen Gardnerville Health & Rehab		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male
5. RACE White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE - Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 19, 1928	
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SURVIVING SPOUSE (If wife, give maiden name) Gloria F SOLAR		13. SOCIAL SECURITY NUMBER 3087		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Transportation
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 851 Longleaf Place	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER - NAME (First Middle Last Suffix) Albert MOORE			17. MOTHER - NAME (First Middle Last Suffix) Agnes ADAMS			
18a. INFORMANT - NAME (Type or Print) Gloria F MOORE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 851 Longleaf Place Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV. 89703			
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) LAURENCE GEORGE GAY M.D. SIGNATURE AUTHENTICATED			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)			
21b. DATE SIGNED (Mo/Day/Yr) November 15, 2010		21c. HOUR OF DEATH 23:59		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence George Gay M.D. P.O. Box 19956 Reno, NV. 895110871					23b. LICENSE NUMBER 5152	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 2010		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) Cardiac Arrest					Interval between onset and death Seconds	
(b) Dehydration					Interval between onset and death Days	
(c) Anorexia					Interval between onset and death Days	
(d) Metastatic Multiple Myeloma					Interval between onset and death Months	
PART II Coronary Artery Disease, Congestive Heart Failure					26. AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
28a. ACC, SUICIDE, HOMICIDE, 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



BK- 0611
PG- 2237
0784633 Page: 3 Of 3 06/10/2011

VRS-Rev-20100218

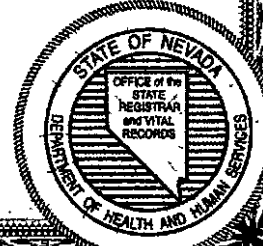
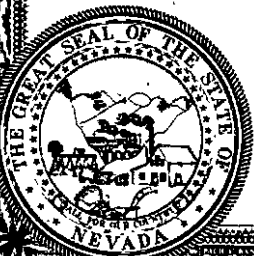
561237 CERTIFIED COPY OF VITAL RECORDS

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: 11/19/2010

Christina Griffith
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE