

2. That said Grant, Bargain and Sale Deed was recorded on November 4, 1996, in the Official Records of Douglas County, Nevada, as Document No. 400301.

3. That TABITHA M. MAITA died on April 2, 2009, and is the identical person named in that Certificate of Death attached hereto and incorporated herein by this reference.

4. That the affiant is the surviving spouse of the decedent and the surviving joint tenant.

5. That this affidavit is executed pursuant to NRS 111.365.

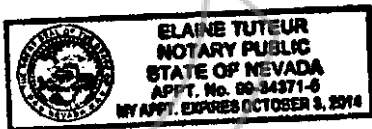
DATED on August 18, 2011.

Philip Maita
PHILIP MAITA

STATE OF NEVADA)
) : ss.
CARSON CITY)

On August 18, 2011, personally appeared before me, a notary public, PHILIP MAITA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that he executed the foregoing document.

Elaine Tuteur
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2009005472

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) Tabitha M MAITA		2 DATE OF DEATH (Mo/Day/Year) April 02, 2009		3a COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e If Hosp or Inst. Indicate DOA, OP/Emer. Rm Inpatient(Specify) Inpatient	
4 SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify	
7a. AGE-Last birthday (Years) 68		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) January 24, 1941		9a STATE OF BIRTH (if not U S A, name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11: MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Philip MAITA	
13. SOCIAL SECURITY NUMBER ██████████6657		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1261 Myers Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thoma PANTONIOUS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) LICHENS		
18a. INFORMANT - NAME (Type or Print) Philip MAITA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 984 Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b CEMETERY OR CREMATORY - NAME Italian Cemetery		19c LOCATION City or Town State Colma California	
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 395 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) RALPH HERBIG DO 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) April 09, 2009			21c HOUR OF DEATH 13:10		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b DATE SIGNED (Mo/Day/Yr)		
			22c HOUR OF DEATH		
			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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410					23b LICENSE NUMBER 984
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 20, 2009		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) Hypoxic encephalopathy				Interval between onset and death Minutes	
(b) Respiratory / Cardiac arrest				Interval between onset and death Minutes	
(c) Obstructive pulmonary disease				Interval between onset and death Years	
(d)				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. Tobacco use					28. AUTOPSY (Specify Yes or No) No
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

571870



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08/24/2011

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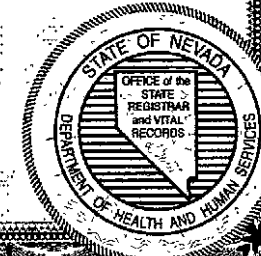
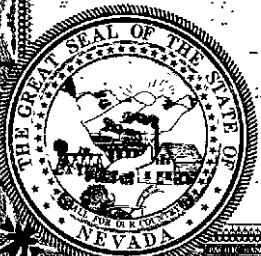
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **AUG 23 2011**

Rd White
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE