

Recording Requested by:
GASBER, FAIRCHILD & CO, (916) 852-9399
When recorded mail to:
NADINE M. WOLCOTT
2733 Wissemann Drive
Sacramento, CA 95826

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
)
) ss)
) COUNTY OF SACRAMENTO)

The undersigned NADINE M. WOLCOTT, of legal age, being first duly sworn, deposes and says:

NADINE M. WOLCOTT is the surviving joint tenant. That GERALD DEB WOLCOTT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GERALD D. WOLCOTT named as one of the parties in that certain Grant Deed indicated as follows:

Recorded January 30, 1981,
Instrument No. 78695, Book 91, Page 194

From Grantor(s) Cattleman's Title Guarantee Company,

To Grantees GERALD D. WOLCOTT and NADINE M. WOLCOTT

Regarding the following described property situated in the County of Eureka, State of Nevada:

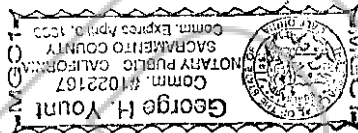
Lot 6 in Block 16 of Crescent Valley Ranch and Farms Unit #1 as shown on the official map filed in the office of the County recorder of Eureka County, Nevada on April 6, 1959

Dated: June 27, 1995

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

Nadine M. Wolcott
NADINE M. WOLCOTT

SUBSCRIBED AND SWORN TO me, GEORGE H. YOUNT, this day of June 27, 1995.



George H. Yount
GEORGE H. YOUNT
Notary Public
APN# 02-034-11

DATE: 12/01/1994 REGISTRAR *Beto G. ...* DEPUTY *John R. ...*
IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE WITH SACRAMENTO COUNTY VITAL STATISTICS.

STATE REGISTRAR		A	B	C	D	E	F	G	H	FAX AUTH. #	3908	CENSUS TRACT
126. SIGNATURE OF CORONER OR DEPUTY CORONER												
127. DATE MM/DD/CCYY												
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER												
CONORNERS USE ONLY												
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)												
119. MANNER OF DEATH <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> PENDING <input type="checkbox"/> SUICIDE <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED												
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)												
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
121. INJURY DATE MM/DD/CCYY												
122. HOUR												
123. PLACE OF INJURY												
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.												
115. SIGNATURE AND TITLE OF CENTRER												
117. DATE MM/DD/CCYY												
118. LICENSE NO.												
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP												
120. INJURY AT WORK												
121. INJURY DATE MM/DD/CCYY												
122. HOUR												
123. PLACE OF INJURY												
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.												
115. SIGNATURE AND TITLE OF CENTRER												
117. DATE MM/DD/CCYY												
118. LICENSE NO.												
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP												
120. INJURY AT WORK												
121. INJURY DATE MM/DD/CCYY												
122. HOUR												
123. PLACE OF INJURY												
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE.												
History Of Aspiration Pneumonia, Thyroid CA												
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107												
111. USED IN DETERMINING CAUSE												
110. AUTOPSY PERFORMED												
109. BIOPSY PERFORMED												
108. DEATH REPORTED TO CORONER												
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)												
IMMEDIATE CAUSE (A) Ventricular Fibrillation												
DUE TO (B) ASHD												
DUE TO (C)												
DUE TO (D)												
101. PLACE OF DEATH												
102. IF HOSPITAL, SPECIFY ONE												
103. FACILITY OTHER THAN HOSPITAL												
104. COUNTY												
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION												
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CERTIFICATE OF DEATH

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

USE BLACK INK ONLY/NO ERASERS, WHITEOUTS OR ALTERATIONS

STATE OF CALIFORNIA

VA-11 (REV. 7/93)

3 1994 34

COPY

BOOK 284 PAGE 235

158313

BOOK 284 PAGE 233
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Hubert, Shulman & Co.
95 JUL 31 AM 11:29
EUREKA COUNTY NEVADA
M.N. REBAL. RECORDED
FILE NO. FEES 9.00

DECLARATION OF VALUE

Recording Date 7/31/95 Book 284 Page 233 Instrument # 158313

Full Value of Property Interest Conveyed \$ _____
 Less Assumed Liens & Encumbrances - _____
 Taxable Value (NRS 375.010, Section 3) \$ _____
 Real Property Transfer Tax Due \$ _____
 If exempt, state reason. NRS 375.090, Section _____
 Number 4 _____ Explain: _____

A Transfer of title without consideration from one joint tenant or tenant in common to one or more remaining joint tenants or tenants in common.

() Escrow Holder only. Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 2.

INDIVIDUAL	ESCROW HOLDER
Under penalty of perjury, I hereby declare that the above statements are correct.	Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
Signature of Declarant <i>Nadine M. Wolcott</i>	Signature of Declarant _____
Name (Please Print) NADINE M. WOLCOTT	Name (Please Print) _____
Address 2733 Wissemann Drive	Address _____
City, State, Zip Sacramento, CA 95826	City, State, Zip _____
Escrow Number _____	Escrow Number _____
Firm Name _____	Firm Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____

Tax paid for the above transfer on per NRS 375.030, Section 2.

July 31, 1995

Signature of Recorder or Representative
Thomas Stewart Ogden