

169106

AFFIDAVIT OF SURVIVING JOINT TENANTS

STATE OF NEVADA )  
                          ) ss.  
                          ) COUNTY OF WASHOE )

Robert D. McKay, Douglas G. McKay, and Susan K. Dunt, formally known as Sue Mckibbin, do hereby swear under penalty of perjury that the assertions of this affidavit are true, and declare the following:

1. Robert D. McKay, Douglas G. McKay, and Susan K. Dunt are the surviving joint tenants of Ella I. McKay, deceased.

2. Ella I. McKay died in the City of Reno, County of Washoe, State of Nevada, on October 15, 1997. A certified copy of the Death Certificate of Ella I. McKay is attached to this Affidavit, marked Exhibit "A."

3. On February 14, 1990, the undersigned and Ella I. McKay acquired title as joint tenants to a parcel of real property situated in Eureka County, Nevada, by Joint Tenancy Deed recorded as Document No. 131508, Book 208 Page 247 to Page 249, of the Official Records of Eureka County, Nevada. The legal description of the real property is as follows:

All of Lots 4 and 5 in Block 83, and the south 21 feet of Lot 3, in Block 83. APN 1-087-02

TOGETHER with any and all buildings and improvements situate on the above parcel.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

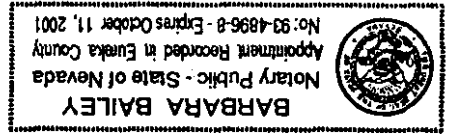
All of Lots Number One (1), Two (2), Three (3) and Four (4), all in Block Number Ninety-one (91); also that certain lot of land commencing at point 35 feet West from the North East corner of Lot Number One (1), running thence South, 75 feet, thence West, 50 feet to the place of beginning; together with all the buildings and improvements upon said lots, including the residence building, all as delineated upon that certain survey of the town of Eureka, Nevada, and which was filed in the office of the County Recorder of Eureka County, Nevada, on January 6, 1880, together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the rents, issues and profits thereof.

APN 1-086-01

4. At the time of death of Ella I. McKay, title to the real property described in paragraph 3. above continued to be held by Ella I. McKay and Robert D. McKay, Douglas G. McKay, and Susan K. Dunt, as joint tenants. As a result of the death of Ella I. McKay and the joint tenancy form of title, the real property described in paragraph 3. above is now owned by Robert D. McKay, Douglas G. McKay, and Susan K. Dunt.

BOOK 316 PAGE 03

COPY



*Barbara Bailey*  
 Notary Public

Subscribed and sworn to before me  
 this 10 day of November, 1997.

*Robert D. McKay*  
 Robert D. McKay

Dated this 10 day of Nov., 1997.

BOOK 316 PAGE 05

COOPY

TERRY RANDALL  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
My Appointment Expires July 15, 1998



*Terry Randall*  
Notary Public

Subscribed and sworn to before me  
this 6 day of Nov, 1997.

*Susan Dunt*  
Susan K. Dunt

Dated this 6 day of Nov, 1997.

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 92 IMAGE 74

2310

STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First Middle Last ETIA I MCKAY	2. DATE OF DEATH (Month, Day, Year) October 15, 1997	3a. COUNTY OF DEATH Washoe
3b. Reno	3c. 5275 Crystal Vista Lane	3e. <input type="checkbox"/> Hosp. or inst. indicate DOA, OP/emer. <input type="checkbox"/> Fm. inpatient (Specify)
4. Female	4. DATE OF BIRTH (Mo., Day, Yr.) October 23, 1929	5. RACE—(a. White, b. Am. Indian, etc.) (Specify)
6. Was Decedent of Hispanic Origin? Specify: <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No	6. AGE—Last Birth Day (Years) 7a. 67	6. CITIZEN OF WHAT COUNTRY USA
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE (If wife, give maiden name)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE (If wife, give maiden name)	8. SOCIAL SECURITY NUMBER US Postal Service
9. STATE OF BIRTH (If not U.S.A., name country)	9. NEBRASKA	9. RESIDENCE—STATE NEVADA
10. USUAL OCCUPATION (Give kind of work done during last 12 months of working life. Even if retired)	10. POSTMASTER	10. COUNTY WASHOE
11. KIND OF BUSINESS OR INDUSTRY	11. US POSTAL SERVICE	11. CITY, TOWN, OR LOCATION RENO
12. INSIDE CITY LIMITS	12. <input type="checkbox"/> YES <input type="checkbox"/> NO	12. STREET AND NUMBER 5275 Crystal Vista
13. FATHER—NAME First Middle Last	13. DAVID WASHOE	13. MOTHER—MAIDEN NAME First Middle Last MINNIE HESSEN
14. INFORMANT—NAME (Type of Person)	14. DAVID MCKREADY	14. MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3265 Everett Drive, Reno, Nevada 89503
15. BURIAL CREATION, REMOVAL, OTHER (Specify)	15. BURAL MASONIC CEMETERY	15. CITY OR TOWN EUREKA NEVADA
16. FUNERAL DIRECTOR (Signature or Stamp)	16. MASONIC FUNERAL HOME	16. NAME AND ADDRESS OF FACILITY 875 West Second Street, Reno, Nevada 89503
17. DATE SIGNED (Mo., Day, Yr.)	17. 10/16/97	17. HOUR OF DEATH
18. NAME OF ATTENDING PHYSICIAN (If other than certifier (Type of Person)	18. GARY L. ABRASS, M.D.	18. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
19. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type of Person)	19. GARY L. ABRASS, M.D., 85 KIRMAN AVE., RENO, NV, 89502	19. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
20. LICENSE NUMBER	20. 0845	20. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
21. HOURS OF DEATH	21. 10:45	21. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
22. PRONOUNCED DEAD (Mo., Day, Yr.)	22. 10/16/97	22. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
23. HOURS OF DEATH	23. 10:45	23. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
24. PRONOUNCED DEAD (Mo., Day, Yr.)	24. 10/16/97	24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
25. HOURS OF DEATH	25. 10:45	25. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
26. PRONOUNCED DEAD (Mo., Day, Yr.)	26. 10/16/97	26. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
27. HOURS OF DEATH	27. 10:45	27. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997
28. PRONOUNCED DEAD (Mo., Day, Yr.)	28. 10/16/97	28. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 16, 1997

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

21a. To the best of my knowledge, death occurred at the place, date and place and	21a. To the best of my knowledge, death occurred at the place, date and place and
21b. Due to the cause(s) stated	21b. Due to the cause(s) stated
21c. (Signature and Title)	21c. (Signature and Title)
21d. HOUR OF DEATH	21d. HOUR OF DEATH
21e. DATE SIGNED (Mo., Day, Yr.)	21e. DATE SIGNED (Mo., Day, Yr.)
21f. NAME OF ATTENDING PHYSICIAN (If other than certifier (Type of Person)	21f. NAME OF ATTENDING PHYSICIAN (If other than certifier (Type of Person)
21g. To be Completed by CERTIFYING PHYSICIAN	21g. To be Completed by CERTIFYING PHYSICIAN
22. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type of Person)	22. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type of Person)
22a. GARY L. ABRASS, M.D., 85 KIRMAN AVE., RENO, NV, 89502	22a. GARY L. ABRASS, M.D., 85 KIRMAN AVE., RENO, NV, 89502
22b. LICENSE NUMBER	22b. LICENSE NUMBER
22c. 0845	22c. 0845
22d. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22d. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22e. October 16, 1997	22e. October 16, 1997
22f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22g. DEATH DUE TO COMMUNICABLE DISEASE	22g. DEATH DUE TO COMMUNICABLE DISEASE
22h. INTERVAL BETWEEN ONSET AND DEATH	22h. INTERVAL BETWEEN ONSET AND DEATH
22i. INTERVAL BETWEEN ONSET AND DEATH	22i. INTERVAL BETWEEN ONSET AND DEATH
22j. INTERVAL BETWEEN ONSET AND DEATH	22j. INTERVAL BETWEEN ONSET AND DEATH
22k. INTERVAL BETWEEN ONSET AND DEATH	22k. INTERVAL BETWEEN ONSET AND DEATH
22l. INTERVAL BETWEEN ONSET AND DEATH	22l. INTERVAL BETWEEN ONSET AND DEATH
22m. INTERVAL BETWEEN ONSET AND DEATH	22m. INTERVAL BETWEEN ONSET AND DEATH
22n. INTERVAL BETWEEN ONSET AND DEATH	22n. INTERVAL BETWEEN ONSET AND DEATH
22o. INTERVAL BETWEEN ONSET AND DEATH	22o. INTERVAL BETWEEN ONSET AND DEATH
22p. INTERVAL BETWEEN ONSET AND DEATH	22p. INTERVAL BETWEEN ONSET AND DEATH
22q. INTERVAL BETWEEN ONSET AND DEATH	22q. INTERVAL BETWEEN ONSET AND DEATH
22r. INTERVAL BETWEEN ONSET AND DEATH	22r. INTERVAL BETWEEN ONSET AND DEATH
22s. INTERVAL BETWEEN ONSET AND DEATH	22s. INTERVAL BETWEEN ONSET AND DEATH
22t. INTERVAL BETWEEN ONSET AND DEATH	22t. INTERVAL BETWEEN ONSET AND DEATH
22u. INTERVAL BETWEEN ONSET AND DEATH	22u. INTERVAL BETWEEN ONSET AND DEATH
22v. INTERVAL BETWEEN ONSET AND DEATH	22v. INTERVAL BETWEEN ONSET AND DEATH
22w. INTERVAL BETWEEN ONSET AND DEATH	22w. INTERVAL BETWEEN ONSET AND DEATH
22x. INTERVAL BETWEEN ONSET AND DEATH	22x. INTERVAL BETWEEN ONSET AND DEATH
22y. INTERVAL BETWEEN ONSET AND DEATH	22y. INTERVAL BETWEEN ONSET AND DEATH
22z. INTERVAL BETWEEN ONSET AND DEATH	22z. INTERVAL BETWEEN ONSET AND DEATH

23. PLACE OF INJURY—(Home, farm, street, factory, office building, etc. (Specify)	23. PLACE OF INJURY—(Home, farm, street, factory, office building, etc. (Specify)
24. LOCATION	24. LOCATION
25. CITY OR TOWN	25. CITY OR TOWN
26. STATE	26. STATE
27. DATE OF INJURY (Mo., Day, Yr.)	27. DATE OF INJURY (Mo., Day, Yr.)
28. HOUR OF INJURY	28. HOUR OF INJURY
29. DESCRIBE HOW INJURY OCCURRED	29. DESCRIBE HOW INJURY OCCURRED
30. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION	30. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION
31. NAME AND ADDRESS OF REGISTRAR	31. NAME AND ADDRESS OF REGISTRAR
32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
33. October 16, 1997	33. October 16, 1997
34. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	34. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
35. DEATH DUE TO COMMUNICABLE DISEASE	35. DEATH DUE TO COMMUNICABLE DISEASE
36. INTERVAL BETWEEN ONSET AND DEATH	36. INTERVAL BETWEEN ONSET AND DEATH
37. INTERVAL BETWEEN ONSET AND DEATH	37. INTERVAL BETWEEN ONSET AND DEATH
38. INTERVAL BETWEEN ONSET AND DEATH	38. INTERVAL BETWEEN ONSET AND DEATH
39. INTERVAL BETWEEN ONSET AND DEATH	39. INTERVAL BETWEEN ONSET AND DEATH
40. INTERVAL BETWEEN ONSET AND DEATH	40. INTERVAL BETWEEN ONSET AND DEATH
41. INTERVAL BETWEEN ONSET AND DEATH	41. INTERVAL BETWEEN ONSET AND DEATH
42. INTERVAL BETWEEN ONSET AND DEATH	42. INTERVAL BETWEEN ONSET AND DEATH
43. INTERVAL BETWEEN ONSET AND DEATH	43. INTERVAL BETWEEN ONSET AND DEATH
44. INTERVAL BETWEEN ONSET AND DEATH	44. INTERVAL BETWEEN ONSET AND DEATH
45. INTERVAL BETWEEN ONSET AND DEATH	45. INTERVAL BETWEEN ONSET AND DEATH
46. INTERVAL BETWEEN ONSET AND DEATH	46. INTERVAL BETWEEN ONSET AND DEATH
47. INTERVAL BETWEEN ONSET AND DEATH	47. INTERVAL BETWEEN ONSET AND DEATH
48. INTERVAL BETWEEN ONSET AND DEATH	48. INTERVAL BETWEEN ONSET AND DEATH
49. INTERVAL BETWEEN ONSET AND DEATH	49. INTERVAL BETWEEN ONSET AND DEATH
50. INTERVAL BETWEEN ONSET AND DEATH	50. INTERVAL BETWEEN ONSET AND DEATH

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar  
*Charles H. ...*  
Date: OCT 22 1997

No. 118109



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

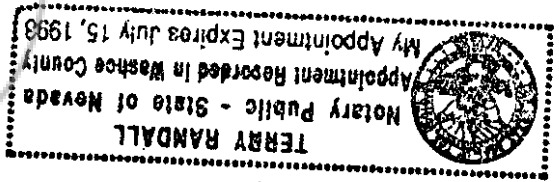
BOOK 3 PAGE 6

Dated this 6 day of Nov., 1997.

*Douglas G. McKay*  
Douglas G. McKay

Subscribed and sworn to before me  
this 6 day of Nov., 1997.

*Jerry Randall*  
Notary Public



COOPER

BOOK 316 PAGE 007  
169106  
LUREKA COUNTY NEVADA  
FILE NO. REBAL EATL. RECORDER  
FEES 11.00  
BOOK 316 PAGE 003  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*James P. Law Attorney*  
97 DEC -4 PM 1:18

DECLARATION OF VALUE

Instrument #

169106

Full Value of Property Interest Conveyed

Less Assumed Liens & Encumbrances

Taxable Value (NRS 375.010)

Real Property Transfer Tax Due

If exempt, state reason. NRS 375.090, Section 11

Explain:

AFFIDAVIT OF SURVIVING JOINT TENANT : ROBERT MCKAY, DOUGLAS MCKAY

SUSAN DUNT

A TRANSFER OF REAL PROPERTY FROM MOTHER TO CHILDREN

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

Signature of Declarant

JAMES P. PACE, ESQ.

Name (Please Print)

317 SOUTH ARLINGTON AVENUE

Address

RENO

NV

89501

Zip

City

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

Name (Please Print)

Escrow Number

Firm Name

Address

City

State

Zip