

That the property described in said Deed is situate in the County of Eureka, State of Nevada is bounded and described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.& M.

SECTION 33: SE1/4 NW1/4 SE1/4

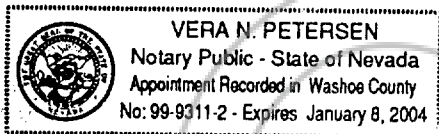
Affiant makes this affidavit for the purpose of establishing BYRON L. NEAD, the surviving joint tenant, sole title in and to the Deed herein described by reason of the death of EILEEN J. NEAD.

DATED this 26 day of June, 2000.

Byron L. Nead
Byron L. Nead

SUBSCRIBED AND SWORN to before me by Byron L. Nead this 26 day of June, 2000.

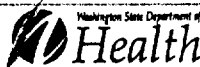
Vera N. Petersen
NOTARY PUBLIC



LAW OFFICES
PETERSEN & PETERSEN
SUITE 810
245 EAST LIBERTY STREET
P.O. BOX 3155
RENO, NEVADA 89505

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



146

CERTIFICATE OF DEATH

STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

1. DISTRICT

LOCAL FILE NUMBER

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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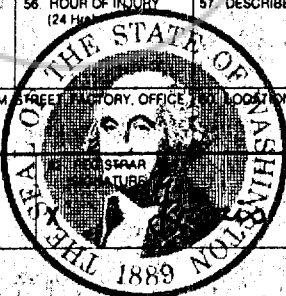
21. ACC LOC

22. QUERIES

23.

24.

1. NAME First: Eileen Middle: Jeanette Last: NEAD	2. SEX (M / F) Female	3. DEATH DATE (Mo. Day, Yr) 7/20/1999
4. AGE LAST BIRTHDAY (Yrs) 66	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo. Day, Yr) Feb. 11, 1933	8. BIRTHPLACE (City, State or Foreign Country) Libby, Montana	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No
10. COUNTY OF DEATH Chelan	11. CITY, TOWN OR LOCATION OF DEATH Wenatchee	12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. AM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Central Washington Hospital - ER
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Byron Leslie Nead
16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11	College (1-4 or 5+) -0-
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Card Dealer	19. KIND OF BUSINESS OR INDUSTRY Casino	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify, Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
21. RACE (Specify) White	22. RESIDENCE—NUMBER AND STREET 2265 - 5th St. N.E.	23. CITY/TOWN, OR LOCATION East Wenatchee
24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Douglas	25B. LENGTH OF RES IN CO. 6 mos.
26. STATE WA	27. ZIP CODE 98802	28. FATHER'S NAME—FIRST, MIDDLE, LAST Harold Bitterman
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dorothy Evans	30. INFORMANT—NAME Mr. Byron L. Nead	31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 2265 - 5th St. N.E., East Wenatchee, Washington 98802
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial	33. DATE (Mo. Day, Yr) July 26, 1999	34. CEMETERY/CREMATORY—NAME Evergreen Memorial Park
35. LOCATION—CITY/TOWN, STATE East Wenatchee, Washington	36. FUNERAL DIRECTOR SIGNATURE Jeffrey A. Wilson	37. NAME OF FACILITY Telford's Chapel of the Valley
38. ADDRESS OF FACILITY 711 Grant Road East Wenatchee, WA 98802	39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	40. DATE SIGNED (Mo., Day, Yr) 7/21/99
41. HOUR OF DEATH (24 Hrs.)	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Gerald R. Rappe, M.D.
44. DATE SIGNED (Mo., Day, Yr) 7/21/99	45. HOUR OF DEATH (24 Hrs.) 2:36	46. PRONOUNCED DEAD (Mo., Day, Yr) 7/20/99
47. HOUR PRONOUNCED DEAD (24 Hrs.) 2:36	48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gerald Rappe, M.D.; 227 Grover Court, Wenatchee, Washington 98801	49. MEDICORNER FILE NUMBER C2383A0761
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Probable Ventricular dysrhythmia DUE TO, OR AS A CONSEQUENCE OF: B. Severe Atherosclerotic coronary hrt disease	INTERVAL BETWEEN ONSET AND DEATH minutes Years
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Previous Myocardial Infarction	52. AUTOPSY? (Yes / No) Yes	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs.)
57. DESCRIBE HOW INJURY OCCURRED.	58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE	62. SIGNATURE G. V. Cullins
63. DATE RECEIVED (Mo. Day, Yr) JUL 23 1999	FOR INSTRUCTIONS SEE BACK AND HANDBOOK	DOH 110-008 - (Rev. 7/91) (formerly DSHS 9-150) DA 01-003 (8/96)



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USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		1. STATE FILE NUMBER _____ for		
Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with				
2. NAME _____		3. DATE OF EVENT _____	4. PLACE OF EVENT (City and County) _____	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7. _____	8. _____			
9. _____	10. _____			
11. _____	12. _____			
13. _____	14. _____			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____				15. _____
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE _____		17. DATE _____	18. ADDRESS _____	

DCH 110-007 (Rev. 8/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate,	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. This affidavit cannot be used to add a father to a birth certificate.

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

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 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
Peterson & Peterson
 00 JUN 28 PM 1:10
 LUREKA COUNTY NEVADA
 M.H. REBALEATI, RECORDER
 FILE NO. **174850** FEES 10.00

CERTIFIED

Francis J. Collins

FRANCIS J. COLLINS M.D.
 HEALTH OFFICER AND REGISTRAR
 CHELAN - DOUGLAS HEALTH DISTRICT

JUL 23 1999

DO NOT DESTROY

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