APN # 1-101-02 RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

Lifeline Estate Services Inc. 3708 Lakeside Drive, Suite 202 Reno, Nevada 89509

MAIL TAX STATEMENT TO: Lorraine B. Dotson 5 Bitterbrush Road Reno Nevada 89523 BOOK 399 PAGE 148-150 OFFICIAL RECORDS
RECORDED AT THE RECUEST OF SYSTEM CHARLES STATE STATES
2004 NOV -4 AM 11:31

EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER FILE NO. FEE\$ 16

193602

AFFIDAVIT OF SURVIVING JOINT TENANT

Lorraine B. Dotson, of legal age, being first duly sworn, deposes and says:

That, James E. Dotson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James E. Dotson, named as one of the parties in that certain Grant Deed dated February 2, 1998, executed by Mitchell Blakemore and Kim Blakemore to James E. Dotson and Lorraine B. Dotson husband and wife as joint tenants, recorded as Instrument No. 169749 on February 11, 1998, in Book No. 318, Page No.075, of Official Records of the County of Eureka, State of Nevada, covering the following described real property situated in County of Eureka, State of Nevada:

Lot 3 of Block 36 of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appears on the official map on file in the office of the County Recorder, Eureka County, Nevada.

APN 1-101-02.

SUBJECT TO any and all exceptions, reservations, restrictive covenants, assessments, easements, rights, and rights of way of record.

TOGETHER WITH any and all improvements of any name or nature situate thereon. 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.

That by virtue of right of survivorship, Lorraine B. Dotson is the true and lawful owner of the above described real estate; and desires that said real estate be transferred, assessed and indexed in this name after recordation in the Office of the County Recorder of the County of Eureka, State of Nevada.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: September 20, 2004

∕orraine B. Dotson

STATE OF NEVADA)	
)	SS
COUNTY OF WASHOE)	

On September 20, 2004, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lorraine B. Dotson, personally known to me (or 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 he/she executed the same.

WITNESS my hand and seal.

Susan C. Rhoads

Washoe County, Nevada

My commission expires 07/23/08





WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

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28b. 28c. M 28d. PLACE OF INJURY—At home, tarm, street, factory, office building, etc. (Specify) 28g. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) METOS F DUE TO, OR AS A COL (c)	A STATE OF:	EFOR (a), (b), AND (c).)	o Brain	ALITOPSY (Specify Yes or No)	Interval between onset a
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g.	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) METOS F DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON	A GNLY ONE CAUSE PER LING ALT C ACCUME NSEQUENCE OF: NOTTIONS—Conditions contribut	FOR (a), (b), AND (c).)	o Braine entying cause given in Part t	ALITOPSY (Specify Yes or No)	Interval between onset a
building, etc. (Specify) 28g.	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) METOS F DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON ACC. SUICIDE, HOM., UNDET., DAY OR PENDING INVEST.	A GILLY ONE CAUSE PER LING ALT & ACLE AC NSEQUENCE OF: NSEQUENCE OF: NDITIONS—Conditions contribut TE OF INJURY (MG., Day, Yr.)	ing to death but not resulting in the unc	o Braine entying cause given in Part t	ALITOPSY (Specify Yes or No)	Interval between onset a
289.	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) Metas DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON ACC SUICIDE, HOM., UNDET., OA OR PENDING INVEST., (Secon) 286	A GNLY ONE CAUSE PER LING ALT C ACCENC NSEQUENCE OF: NDITIONS—Conditions contribut TE OF INJURY (Ma., Day, Yr.) H	ting to death but not resulting in the uncourse OUR OF INJURY DESCRIBE	erlying cause given in Part t	ALITOPSY (Specify Yes or No) 26. NO	interval between onset a WAS CASE REFERRED CORONER (Specify Yes 27. NO
No. 18124	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) Metas DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON ACC SUICIDE, HOM., UNDET., OA OR PENDING INVEST., (Secon) 286	NSEQUENCE OF: NOTIONS—Conditions contribut TE OF INJURY (Ma., Day, Yr.) H ACE OF INJURY—At home, far	FOR (a), (b), AND (c).) Color of injury DESCRIBE Bc. M 28d. Th, street, factory, office LOCATION	erlying cause given in Part t	ALITOPSY (Specify Yes or No) 26. NO	interval between onset a WAS CASE REFERRED CORONER (Specify Yes 27. NO
NO. 18124	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) METOS F DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (SSOC) 286	NSEQUENCE OF: NSEQUENCE OF: NOTTIONS—Conditions contribut TE OF INJURY (Ma., Day, Yr.) ACE OF INJURY—At home, far building, etc. (ing to death but not resulting in the uncountries of injury DESCRIBE BC. M 28d. The street, factory, office LOCATION	erlying cause given in Part t	ALITOPSY (Specify Yes or No) 26. NO	interval between onset a WAS CASE REFERRED CORONER (Specify Yes 27. NO
	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER PART (a) METOS F DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) PART OTHER SIGNIFICANT CON ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (S) 286	NSEQUENCE OF: NSEQUENCE OF: NOTTIONS—Conditions contribut TE OF INJURY (Ma., Day, Yr.) ACE OF INJURY—At home, far building, etc. (ing to death but not resulting in the uncountries of injury DESCRIBE BC. M 28d. The street, factory, office LOCATION	erlying cause given in Part t	ALITOPSY (Specify Yes or No) 28. NO F.D. No. CITY C	Interval between onsat a WAS CASE REFERRED CORONER (Specify Yes 27. NO OR TOWN STATE

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Deputy Registrar:

AUG 6

Date: