

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

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

BOOK 399 PAGE 148-152
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lifeline Estate Services
2004 NOV -4 AM 11:31

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$16.00

193602

MAIL TAX STATEMENT TO:
Lorraine B. Dotson
5 Bitterbrush Road
Reno Nevada 89523

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, restrictions, restrictive covenants, assessments, easements, rights, and rights of way of record.

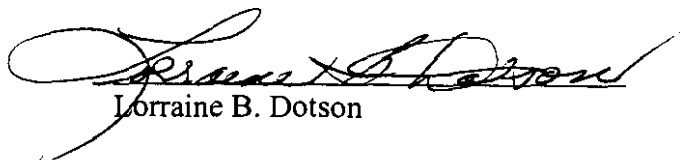
TOGETHER WITH any and all improvements of any name or nature situate thereon.

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.

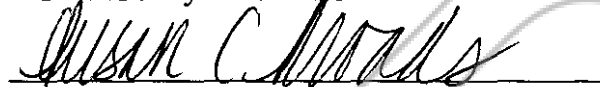
Dated: September 20, 2004


Lorraine B. Dotson

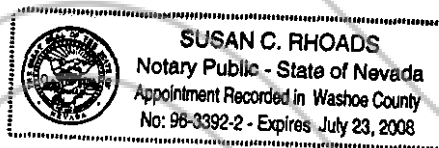
STATE OF NEVADA)
) SS.
COUNTY OF WASHOE)

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 CERTIFICATE OF DEATH

ROLL 106 IMAGE 960

LOCAL FILE NUMBER **945**

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

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last James E. DOTSON		2. DATE OF DEATH (Month, Day, Year) April 8, 2002		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Saint Mary's Regional Center		3e. Inpatient Inpatient	
3d. SEX Male		4. DATE OF BIRTH (Mo., Day, Yr.) May 28, 1928		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 73		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lorraine Berrueta	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/Operator		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Reno	
15d. STREET AND NUMBER 5 Bitterbrush Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Timothy James Dotson	
17. MOTHER—MAIDEN NAME First Middle Last Myrtle Crosley		18a. INFORMANT—NAME (Type or Print) Lorraine Dotson		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5 Bitterbrush Rd., Reno, Nevada 89523	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Northern Nevada Memorial 616 S. Wells Ave. Reno, Nevada 89502	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 4-10-02		21c. HOUR OF DEATH 1450	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To be completed by CORONER'S OFFICE 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) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON		22e. AT	
22f. PRONOUNCED DEAD (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503		23b. LICENSE NUMBER 3362	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 10, 2002		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) Metastatic Adenocarcinoma to Brain		Interval between onset and death Mean		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.		26. ALTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
28a. ACC., SUICIDE, HOM., UNDET., OR PENING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. DESCRIBE HOW INJURY OCCURRED		28h. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 181240



193602

Deputy Registrar: *[Signature]*

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

Date: **AUG 6 2004**