

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 148-15  
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.

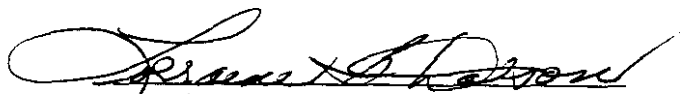
TOGETHER WITH any and all improvements of any name or nature situate thereon.

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.

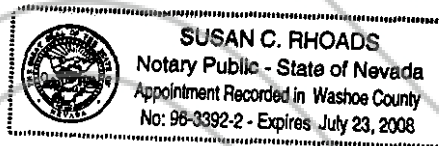
WITNESS my hand and seal.



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

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. James E. DOTSON		2. April 8, 2002		3a. Washoe	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	
3b. Reno		3c. Saint Mary's Regional Center		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7a. 73	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Nevada		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]		14a. Owner/Operator		11. Married	
RESIDENCE—STATE		COUNTY		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Washoe		14b. Gaming	
CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15c. Reno		15d. 5 Bitterbrush Rd.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Timothy James Dotson		17. Myrtle Crosley			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Lorraine Dotson		18b. 5 Bitterbrush Rd., Reno, Nevada 89523			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 9		20c. 616 S. Wells Ave. Reno, Nevada 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. 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) [Signature]		(Signature and Title) [Signature]			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 4-10-02		21c. 1450		22b. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503		23b. 3362			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. April 10, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) Metastatic Adenocarcinoma to Brain		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. No			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [REDACTED]		28b. [REDACTED]		28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. [REDACTED]		28g. [REDACTED]			

No. 181240

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

193602

Deputy Registrar:

[Signature]

Date:

AUG 6 2004