

APN: 03-04-04

When Recorded Mail To:
Mail Tax Statement to:
and Grantee's Address:
Terri L. Maldonado
4473 Steeple Court
Sparks, Nevada 89436

BOOK 399 PAGE 376
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Richard Blower Atty
2004 NOV 18 PM 1:22

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

193790

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF WASHOE) ss.

1. TERRI L. MALDONADO, an unmarried woman, does hereby swear under penalty of perjury that the assertions of this affidavit are true, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

2. That affiant is TERRI L. MALDONADO the person named as TERRI MALDONADO, Wife, one of the grantees in that certain Deed recorded May 25, 2000 as Document No. 174515, Book 334, page 377, of the Official Records in the office of the County Recorder of Eureka County, State of Nevada.

3. That the property which is the subject of the above-described Deed is located in the County of Eureka, State of Nevada, and is more particularly described as follows:

LOT 1, BLOCK 8, CRESCENT VALLEY RANCH & FARMS UNIT 3, as recorded.

APN 03-04-04

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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 115 IMAGE 807

2550

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. George John MALDONADO			DATE OF DEATH (Month, Day, Year) 2. September 1, 2004		COUNTY OF DEATH 3a. Washoe	
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3d. Emergency Room	SEX 4. Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 53	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. September 24, 1950
	STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Terri Lyn Skinner	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Insurance Agent		KIND OF BUSINESS OR INDUSTRY 14b. Insurance			
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe	CITY, TOWN, OR LOCATION 15c. Sparks	STREET AND NUMBER 15d. 4473 Steeple Ct.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
PARENTS	FATHER—NAME First Middle Last 16. Ramon Lee Maldonado			MOTHER—MAIDEN NAME First Middle Last 17. Priscilla Olguin			
	INFORMANT—NAME (Type or Print) 18a. Terri Lyn Maldonado			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 4473 Steeple Court, Sparks, Nevada 89436			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Mountain View Cemetery		LOCATION City or Town State 19c. Reno, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 617	NAME AND ADDRESS OF FACILITY 20c. 1538 C Street, Sparks, Nevada 89431			
CERTIFIER	21a. 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>			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) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.) 21b.		HOUR OF DEATH 21c.	DATE SIGNED (Mo., Day, Yr.) 22b. September 30, 2004		HOUR OF DEATH 22c. 0827	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON September 1, 2004		PRONOUNCED DEAD (Hour) 22e. AT 0827	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Arllys K. Dean, Deputy Coroner, P.O. Box 11130, Reno, Nevada 89520			LICENSE NUMBER 23b. WCC S. 35			
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 30, 2004		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Atherosclerotic and hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:					
	PART II	(b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:					
CAUSE OF DEATH	(c) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:						
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						
	AUTOPSY (Specify Yes or No) 26. Yes						
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

No. 270688

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

Deputy Registrar:

Subara Lee Hunt

Date: **OCT 4 2004**

4. That GEORGE MALDONADO was one of the grantees named in said deed and was the identical person as GEORGE MALDONADO, Husband, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am the Decedent's Wife.

5. As recited in the above-described Certificate of Death, GEORGE MALDONADO died on the 1st day of September, 2004, in Sparks, Washoe County, Nevada..

By *Terr L. Maldonado*
TERRI L. MALDONADO

SUBSCRIBED AND SWORN TO before me
this 12th day of November, 2004.

Richard Blower
NOTARY PUBLIC

