

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. 193790
FEES 16.00

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)
) ss.
COUNTY OF WASHOE)

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

////

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

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. George John MALDONADO			2. September 1, 2004		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, OPI/Emer. Rm. Inpatient (Specify)		
DECEDENT	3b. Reno		3c. Washoe Medical Center		3e. Emergency Room		4. Male	
	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. 53		7c. September 24, 1950		DATE OF BIRTH (Mo., Day, Yr.)	
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
PARENTS	9a. Nevada		9b. U.S.A.		10. 16		11. Married	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
DISPOSITION	13. [REDACTED]		14a. Insurance Agent		14b. Insurance			
	RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
CERTIFIER	15a. Nevada		15b. Washoe		15c. Sparks		15d. 4473 Steeple Ct.	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		18a. Terri Lyn Maldonado			
CAUSE OF DEATH	16. Ramon Lee Maldonado			17. Priscilla Olguin				
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
CAUSE OF DEATH	18a. Terri Lyn Maldonado			18b. 4473 Steeple Court, Sparks, Nevada 89436				
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
CAUSE OF DEATH	19a. Burial		19b. Mountain View Cemetery		19c. Reno, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
CAUSE OF DEATH	20a. [Signature]		20b. 617		20c. 1538 C Street, Sparks, Nevada 89431			
	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.			
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b. [Signature]		21c. [Signature]		22b. September 30, 2004		22c. 0827	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. ON	
	21d. [Signature]						22d. AT 0827	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
	23a. Arllys K. Dean, Deputy Coroner, P.O.Box 11130, Reno, Nevada 89520						23b. WCC S. 35	
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. [Signature]			24b. September 30, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I	(a) Atherosclerotic and hypertensive cardiovascular disease					Interval between onset and death	
CAUSE OF DEATH	PART I	(b) [REDACTED]					Interval between onset and death	
	PART I	(c) [REDACTED]					Interval between onset and death	
CAUSE OF 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)	
	26. Yes						27. Yes	
CAUSE OF DEATH	ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]		28d. [REDACTED]	
CAUSE OF DEATH	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]		28h. [REDACTED]		28i. [REDACTED]	

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 *Terril Maldonado*
TERRI L. MALDONADO

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

Richard Bower
NOTARY PUBLIC

 RICHARD C. BOWER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No. 01-0179-2 - Expires September 23, 2006