

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada }
COUNTY OF EUREKA } SS

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

196557

BEFORE ME, the undersigned Notary Public, personally appeared, Darlyne Clark, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is DARLYNE CLARK and I reside at CRESCENT VALLEY. 204 W 2nd ST.
2. I owned real property as a joint tenant with Sandra Cooper, such real property located in EUREKA County, State of NEVADA, described as follows:

See Attached Legal Description.
Title deed is recorded in Book 346, Page 24 in the office of the register of deeds in the county and state aforesaid.
3. Sandra Coopers Cooper, my joint tenant identified above, departed this life on the 12 day of NOVEMBER, 2004. A copy of the death certificate of Sandra Cooper is attached.
4. On the date of the death of Sandra Cooper, the above described real estate was owned by Sandra Cooper and Darlyne Clark, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

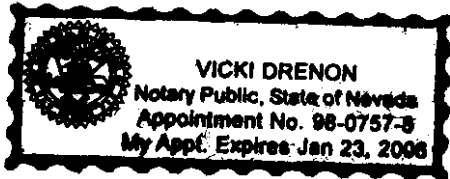
Dated this the 11 day of March, 2005.

Darlyne Clark
Affiant

SWORN TO AND SUBSCRIBED before me this the 11th day of March,
2005.

Vicki Drenon

NOTARY PUBLIC



My Commission Expires:
January 23, 2005

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 116 IMAGE 263

2998

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Sandra E. GARRISON-COOPER			DATE OF DEATH (Month, Day, Year) 2 November 12, 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. St. Mary's Regional Medical Center		SEX 4. Female
DECEDENT	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. 55	DATE OF BIRTH (Mo., Day, Yr.) 8. October 31, 1949
	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 14	
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Homemaker		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Crescent Valley		KIND OF BUSINESS OR INDUSTRY 14b. Own Home
PARENTS	FATHER—NAME First Middle Last 16. William E. Garrison			MOTHER—MAIDEN NAME First Middle Last 17. Darlyne Clark		
	INFORMANT—NAME (Type or Print) 18a. Joy Hull			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 603 N.W. Clarke Street, Grants Pass, Oregon 97526		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20	NAME AND ADDRESS OF FACILITY 20c. Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502		
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) [Signature]			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]		
	DATE SIGNED (Mo., Day, Yr.) 21b. 11-15-04		HOUR OF DEATH 21c. 0340		DATE SIGNED (Mo., Day, Yr.) 22b.	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22c.		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503			LICENSE NUMBER 23b. 3362		
CAUSE OF DEATH	REGISTRAR 24a. [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. November 15, 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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____			Interval between onset and death More		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	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. 272379

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

196557

Deputy Registrar: Barbara Lee Hunt

Date: DEC 3 2004

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 408 PAGE 046

