

RECORDING REQUESTED BY:

VAL DORNAY, ATTORNEY

**When Recorded Mail Document
and Tax Statement To:**

PAUL BRITTAIN
121 W. Morris
Fresno, California 93704

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Val Dornay
2005 MAR 21 PM 1:44

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **196568** FEES *15.00*

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

COUNTY OF FRESNO,

I, PAUL BRITTAIN, of legal age, being first duly sworn, and deposes and says:

That JOHNNIE FLORENCE BRITTAIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHNNIE BRITTAIN named as one of the parties in that certain **QUITCLAIM DEED** dated June 19, 1998,

executed by ROBERT J. DeSILVA and ARLENE DeSILVA, husband and wife,

to PAUL BRITTAIN and JOHNNIE BRITTAIN, husband and wife, as Joint Tenants, recorded as Instrument No. 0170216 on June 23, 1998, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Lot 27, Block 20, CRESCENT VALLEY RANCH AND FARMS, INC., UNIT 1, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, Nevada on April 6, 1959 as File No. 34081

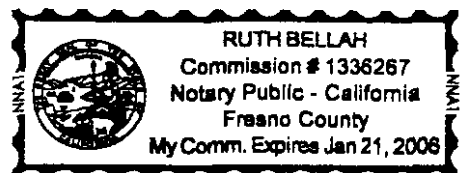
APN: 002-018-13

DATED: March 15, 2005

Paul Brittain
PAUL BRITTAIN

SUBSCRIBED AND SWORN TO before me
this 15th day of March, 2005.

Signature Ruth Bellah
Notary Public



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AFFIDAVIT - DEATH OF JOINT TENANT

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH 3199810 005312

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY IN ENTRIES, WHITTINGS OR ALTERATIONS VS-11 (REV. 7/87)		LOCAL REGISTRATION NUMBER		
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (EVENT)		2. MIDDLE		3. LAST (FAMILY)	
	Johnnie		Florence		Brittain	
	4. DATE OF BIRTH M / D / D / C / C / Y Y		5. AGE YRS.		7. DATE OF DEATH M / D / D / C / C / Y Y & HOUR	
	02/04/1931		67		12/05/1998 1620	
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
	OK				UNN	
	14. RACE		15. HISPANIC—SPECIFY		16. MARITAL STATUS	
	White		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Married	
INFORMANT	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
	Homemaker		Own Home		50	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY		22. STATE OR FOREIGN COUNTRY	
	121 W. Morris		Fresno		CA	
SPOUSE AND PARENT INFORMATION	23. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
	Alice Baughn (Daughter)		121 W. Morris Fresno, CA 93704			
	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MARRIED NAME)	
	Paul		Brittain			
DISPOSITIONS	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
	Cecil		Gregory		OK	
	34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (MARRIED)	
	Eula		Florence		Smith	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	38. DATE M / D / D / C / C / Y Y		40. PLACE OF FINAL DISPOSITION		43. LICENSE NO.	
	12/09/1998		Sanger Cemetery, Sanger, California		5663	
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF FUNERAL DIRECTOR		44. LICENSE NO.	
	Burial		Michael R. Sombson		FD-502	
PLACE OF DEATH	45. NAME OF FUNERAL DIRECTOR		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M / D / D / C / C / Y Y	
	Wallin's Sanger Funeral Home		David L. Hutton, M.D.		12/09/1998	
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
	St. Agnes Medical Center		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		Fresno	
CAUSE OF DEATH	104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		105. CITY		106. COUNTY	
	1303 E. Herndon		Fresno		Fresno	
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER		109. BODY PERFORMED	
	(A) Cerebrovascular Injury		8 Days		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (B) Aortic Dissection Surgery		8 Days		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C) Aortic Dissection		12 Days		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (D)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
PHYSICIAN'S CERTIFICATION	112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? IF YES, LIST TYPE OF OPERATION AND DATE.		113. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN			
	Repair of Aortic Dissection & Coronary Artery Bypass Graft 11/27/1998		Robert A. Poirier, MD			
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		115. LICENSE NO.		117. DATE M / D / D / C / C / Y Y	
	11/27/1998		640355		12/08/1998	
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		120. INJURY AT WORK	
	Robert A. Poirier, MD 1201 E. Herndon #107, Fresno, CA 93720		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	121. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		122. PLACE OF INJURY		123. PLACE OF INJURY	
STATE REGISTRAR	124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE M / D / D / C / C / Y Y	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 89545		

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

SS DATE ISSUED

JAN 20 2005

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy is valid when used in conjunction with the official copy of the original and the signature of the Registrar.



000458980

Robert C. Werner
ROBERT C. WERNER
COUNTY RECORDER

