

RECORDING REQUESTED BY:

VAL DORNAY, ATTORNEY

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

PAUL BRITTAIN
121 W. Morris
Fresno, California 93704

BOOK 408 PAGE 75-76
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Val Dornay
2005 MAR 21 PM 1:45

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

196569

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 February 24, 1995,

executed by JERRY L. WILSON, a single man,

to PAUL BRITTAIN and JOHNNIE BRITTAIN, husband and wife, as Joint Tenants, recorded as Instrument No. 157189 on February 27, 1995, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Township 29 North, Range 48 East M D B & M, Section 33: NE4NW4 and NE4NW4NW4 and S2NW4NW4 and N2SW4NW4 and SW4SW4NW4 (TP# 5-470-40).

APN: TP# 5-470-40

DATED: March 15, 2005

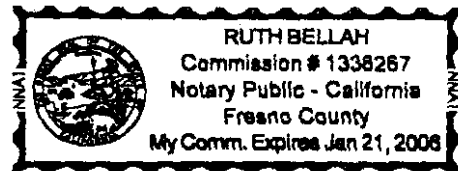
Paul Brittain

PAUL BRITTAIN

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

Signature *Ruth Bellah*

Notary Public



AFFIDAVIT - DEATH OF JOINT TENANT

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. NO ERASURES, WHITEOUTS OR ALTERNATES VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT—FIRST (GIVEN) Johnnie		2. MIDDLE Florence		3. LAST (FAMILY) Brittain		
4. DATE OF BIRTH MM/DD/CCYY 02/04/1931		5. AGE YRS. 67		6. SEX F		
7. DATE OF DEATH MM/DD/CCYY 12/03/1998		8. HOUR 1620				
DECEDENT PERSONAL DATA	9. STATE OF BIRTH OK		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 11			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
	17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 50	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)						
21. CITY 121 W. Morris						
22. COUNTY Fresno		23. ZIP CODE 93704		24. YRS IN COUNTY 50		
25. STATE OR FOREIGN COUNTRY CA						
INFORMANT						
26. NAME, RELATIONSHIP Alice Baughn (Daughter)		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 121 W. Morris Fresno, CA 93704				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST Paul		29. MIDDLE -		30. LAST (MAIDEN NAME) Brittain	
	31. NAME OF FATHER—FIRST Cecil		32. MIDDLE -		33. LAST Gregory	
	34. BIRTH STATE OK		35. NAME OF MOTHER—FIRST Eula		36. MIDDLE Florence	
	37. LAST (MAIDEN) Smith		38. BIRTH STATE OK			
39. DATE M/D/D/CCYY 12/09/1998						
40. PLACE OF FINAL DISPOSITION Sanger Cemetery, Sanger, California						
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION Burial		42. SIGNATURE OF FUNERAL DIRECTOR <i>Michael R. Somborn</i>		43. LICENSE NO. 5663	
	44. NAME OF FUNERAL DIRECTOR Wallin's Sanger Funeral Home		45. LICENSE NO. FD-502		46. SIGNATURE OF LOCAL REGISTRAR <i>David M. Hadden M.D.</i>	
	47. DATE M/D/D/CCYY 12/09/1998					
PLACE OF DEATH	101. PLACE OF DEATH St. Agnes Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
	104. COUNTY Fresno		105. CITY Fresno			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1303 E. Herndon						
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			THE INTERVAL BETWEEN ONSET OF DEATH		
	IMMEDIATE CAUSE	(A) Cerebrovascular Injury	8 Days	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 12-20		
	DUE TO	(B) Aortic Dissection Surgery	8 Days	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO	(C) Aortic Dissection	12 Days	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO	(D)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE Repair of Aortic Dissection & Coronary Artery Bypass Graft 11/27/1998						
PHYSICIAN'S CERTIFICA- TION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. RECENTLY ATTENDED SINCE DECEASED LAST BEEN ALIVE 11/27/1998 12/04/1998		115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN <i>Robert A. Poirier</i>		116. LICENSE NO. G40355	
	117. DATE MM/DD/CCYY 12/08/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Robert A. Poirier MD 1201 E. Herndon #107 Fresno, CA 93720			
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
	121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)						
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR						
A	B	C	D	E	F	
				PAK AUTH. # 89545		
				CENSUS TRACT		

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

SS DATE ISSUED

JAN 20 2005

000458979

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 not valid unless prepared on engraved border displaying seal and signature of Recorder.

Robert C. Werner
ROBERT C. WERNER
COUNTY RECORDER

