

APN # 005-210-06

Recording Requested By:

Name S B Grant & E B Franklin LLC

Address Suite 202 #431,
29080 SW Town Center Loop East
City/State/Zip Wilsonville OR 97070

BOOK **436** PAGE **174-177**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
S B Grant & E B Franklin
2006 MAY 22 AM 8:55

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 17.00

204784

Affidavit - Death of Joint Tenant
(Title of Document)

COPY

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL
THIS DEED AND MAIL TAX
STATEMENTS TO:

S B Grant & E B Franklin LLC
Suite 202#431
29030 SW Town Center Loop East
Wilsonville, OR 97070-5499

AFFIDAVIT – DEATH OF JOINT TENANT

Anni Else Roberts, of legal age, being first duly sworn, deposes and says:

That David L. Roberts, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David L. Roberts named as one of the parties in that certain Deed dated June 2, 1975, executed by Cattleman's Title Guarantee Company to David L. Roberts and Anni Else Roberts as joint tenants, recorded as instrument No. 59984, on June 6, 1975, in Book 51, Page 403, of the Official Records in the Office of the County Recorder of Eureka County, State of Nevada, concerning the following described real property situated in the County of Eureka, State of Nevada, to wit:

See Attached Exhibit 'A' Made A Part Hereof by Reference.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 20,000.

Executed on May 3, 2006 at Puyallup Wa
(MONTH) (DAY) (YEAR) (CITY AND STATE)

I declare under penalty of perjury that the foregoing is true and correct.

Anni E Roberts
Anni Else Roberts

State of Washington
County of Pierce

On May 3, 2006 before me, Curstyn M. Losch, Notary Public
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Anni Else Roberts personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and sworn to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Curstyn M. Losch
Signature (NOTARY PUBLIC)

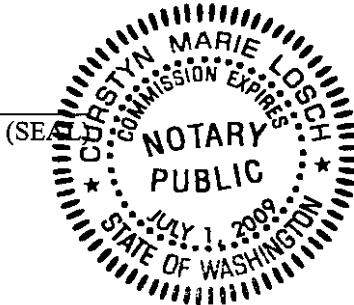
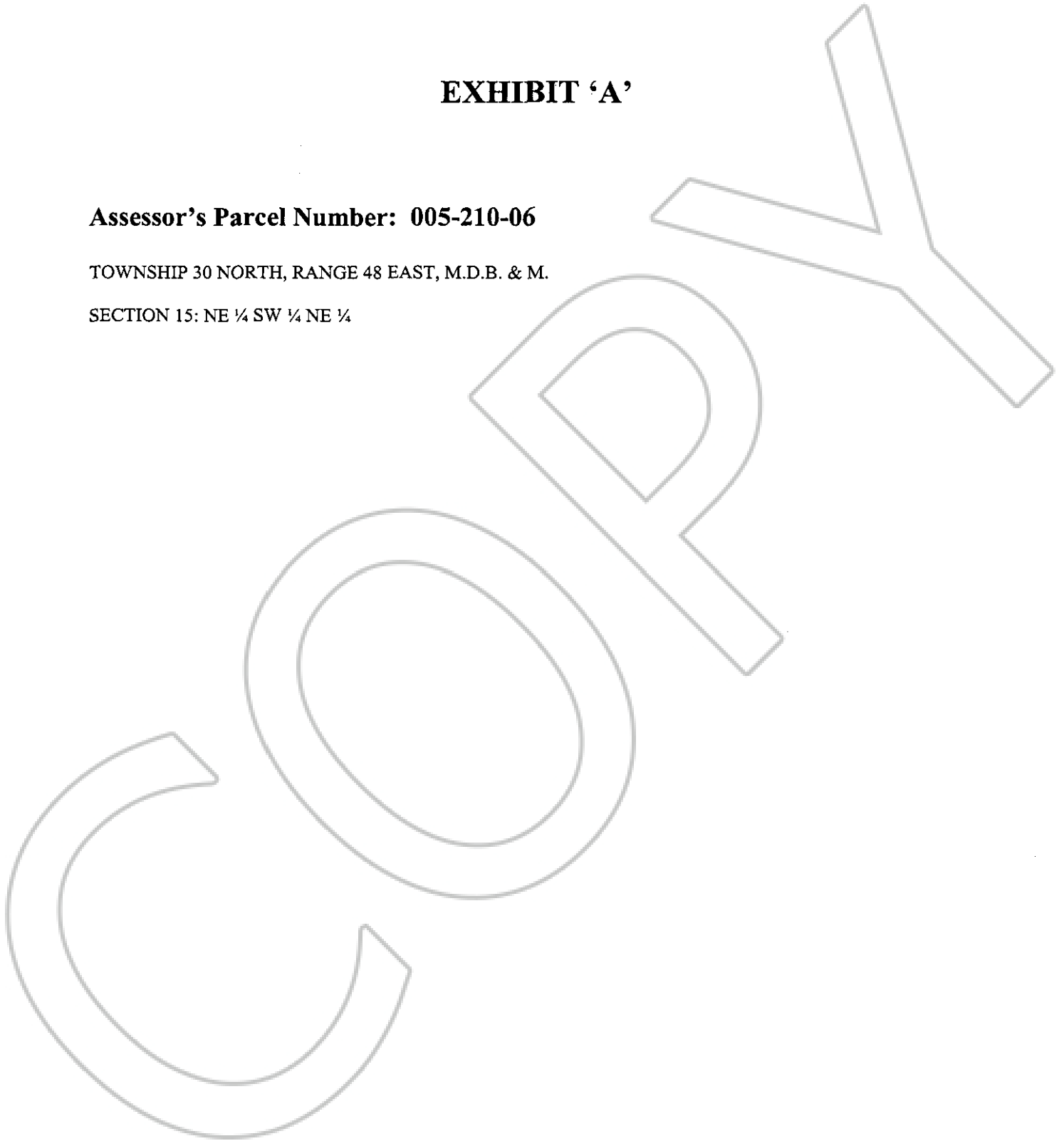


EXHIBIT 'A'

Assessor's Parcel Number: 005-210-06

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 15: NE ¼ SW ¼ NE ¼



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/06)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DAVID		2. MIDDLE LORENZ	
3. LAST (Family) ROBERTS		4. DATE OF BIRTH mm/dd/yyyy 08/23/1932	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 73	
9. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION - Highest Level/Degree (see worksheet on back) Some College		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White		7. DATE OF DEATH mm/dd/yyyy 12/27/2005	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Assembly Technician		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Aerospace	
19. YEARS IN OCCUPATION 27		8. HOUR (24 Hours) 1045	
20. DECEDENT'S RESIDENCE (Street and number or location) 14728 Mansel Avenue			
21. CITY Lawndale		22. COUNTY/PROVINCE Los Angeles	
23. ZIP CODE 90260		24. YEARS IN COUNTY 43	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Annie Roberts - Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 14728 Mansel Avenue Lawndale, CA 90260		28. NAME OF SURVIVING SPOUSE - FIRST Annie	
29. MIDDLE -		30. LAST (Maiden Name) Klemm	
31. NAME OF FATHER - FIRST Sherman		32. MIDDLE -	
33. LAST Roberts		34. BIRTH STATE OH	
35. NAME OF MOTHER - FIRST Vernona		36. MIDDLE -	
37. LAST (Maiden) Marsh		38. BIRTH STATE UNK	
39. DISPOSITION DATE mm/dd/yyyy 12/30/2005		40. PLACE OF FINAL DISPOSITION At Sea off the Coast of Los Angeles County	
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER <i>Cheryl Ann Han</i>	
43. LICENSE NUMBER 8715		44. NAME OF FUNERAL ESTABLISHMENT Rice Mortuary	
45. LICENSE NUMBER FD 1113		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas W. White</i>	
47. DATE mm/dd/yyyy 12/30/2005		101. PLACE OF DEATH Little Co. of Mary Pavilion	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Los Angeles		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 4320 Maricopa Street	
106. CITY Torrance		109. DEATH REPORTED TO CORONER? Time Interval Between Death and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) Cardiac Arrest Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) Arteriosclerotic Coronary Heart Disease		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Peripheral Vascular Disease, Ischemic Limb	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) Right Below Knee Amputation 12/23/2005		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 12/27/2005 Decedent Last Seen Alive: 12/27/2005		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jofel Yan M.D.</i> 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Jofel Yan, M.D. 4320 Maricopa Torrance, CA 90503	
117. LICENSE NUMBER 6074074		117. DATE mm/dd/yyyy 12/29/2005	
118. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH. # 798-9423	

7251
CORONER'S USE ONLY

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.



204784

DATE ISSUED

Director of Health Services and Registrar

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This copy is void unless prepared on engraved border displaying seal and signature of Registrar.