



0210324

A.P.N. 001-055-01

WHEN RECORDED RETURN TO:

Matthew E. Woodhead, Esq.
Hale Lane
5441 Kietzke Lane, Second Floor
Reno, Nevada 89511

MAIL TAX STATEMENTS TO:

Mr. Clark F. Halstead
6395 Casey Road
Fallon, Nevada 89406

AFFIDAVIT OF DEATH OF JOINT TENANT

Please complete Affirmation Statement below:

[] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

[x] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 111.365
(State specific law)

PAH
Signature

Joint Tenant
Title

Patricia Halstead
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said JOAN M. HALSTEAD in and to the hereinabove described real property.

DATED this 6th day of July, 2007.

Clark F. Halstead
CLARK F. HALSTEAD
6395 Casey Road
Fallon, Nevada 89406

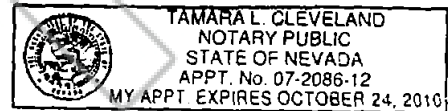
Patricia C. Halstead
PATRICIA C. HALSTEAD
1321 Humboldt Street
Reno, Nevada 89509

State of Nevada)
) ss.
County of Churchill)

On July 6, 2007, before me, TAMARA L. CLEVELAND, personally appeared CLARK F. HALSTEAD, [] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Tamara L. Cleveland
Signature of Notary

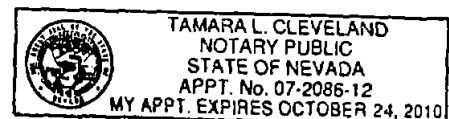


State of Nevada)
Churchill) ss.
County of ~~Washoe~~)

On July 6, 2007, before me, TAMARA L. CLEVELAND, personally appeared PATRICIA C. HALSTEAD, [] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Tamara L. Cleveland
Signature of Notary



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2007001847

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

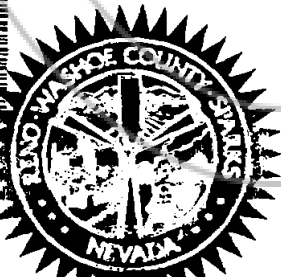
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Joan Marie			1b. MIDDLE HALSTEAD			1c. LAST HALSTEAD			2. DATE OF DEATH (Mo/Day/Year) April 23, 2007			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center				3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1931				
9a. STATE OF BIRTH (If not U.S.A. name country) New York			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Clark HALSTEAD			
13. SOCIAL SECURITY NUMBER				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker/flagger				14b. KIND OF BUSINESS OR INDUSTRY Own Home/construction						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon		15d. STREET AND NUMBER 6395 Casey Rd.			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16 FATHER - NAME (First Middle Last Suffix) Albert LANSING						17 MOTHER - NAME (First Middle Last Suffix) Marie MCCARTHY								
18a. INFORMANT- NAME (Type or Print) Clark F HALSTEAD				18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 6395 Casey Rd. Fallon, Nevada 89406										
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory				19c. LOCATION City or Town State Fallon Nevada 89407						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PETER CHRISTOPHER LIM M.D. SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) April 24, 2007			21c. HOUR OF DEATH 12:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Peter Christopher Lim M.D. 75 Pringle Way, F-11 Reno, NV 89502									23b. LICENSE NUMBER 8759					
24a. REGISTRAR (Signature) LAURA DANIELS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Hypotension										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(b) Disseminated coagulopathy										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c) Ovarian cancer										Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)			28g. LOCATION		STREET OR R.F.D. No		CITY OR TOWN		STATE		

STATE REGISTRAR

517317



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

Deputy Registrar: Mary A. Anderson

Date: APR 26 2007

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