BOOK 432 PAGE 39-40
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gibbs, Giden, Locher, & Turner
2006 FEB 27 AM 10:40
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 15.00
203510

A.P.N. No.: 002-019-04

After recording mail to:
Norma E. Messmer
c/o Karceski & Calcaterra
8301 S. Cass Avenue, Suite 203
Darien, IL 60561

AFFIDAVIT – DEATH OF A JOINT TENANT

State of Illinois }
} *s.s.*
County of DuPage }

Norma E. Messmer, of legal age, being duly sworn, deposes and says that Clifford L. Messmer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Clifford L. Messmer named as one of the parties in that certain deed dated September 9, 1965, executed in favor of Clifford L. Messmer and Norma E. Messmer, as joint tenants, and recorded as Document No. File No. 41285, Book 8, Page 17 of Official Records of Eureka County, Nevada, covering the following described real property situated in the County of Eureka, State of Nevada, that is described as follows:

Lot 10 of Block 10 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, as per map recorded in said County as File No. 34081

TOGETHER WITH THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR APPERTAINING, AND THE REVERSION AND REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES AND PROFITS THEREOF.

Date: 1-25-06

Norma Messmer
NORMA E. MESSMER, Surviving Tenant

On this 25th day of January, 2006, personally appeared before me, a Notary Public, Norma E. Messmer, proved to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the within instrument.

Kristin Brendle
Notary Public

OFFICIAL SEAL
KRISTIN BRENDLE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3-30-2006

16921 1

BOOK 432 PAGE 039

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 1393

DECEDENT

1. DECEDENT'S NAME — FIRST: Clifford — MIDDLE: L. — LAST: Messmer — 2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 6, 1999
3E. Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 Day: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 8, 1928
7. Downer's Grove, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: X Inpatient — ER/Outpatient — DOA — OTHER: — Nursing Home — Residence — Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): No
9c. FACILITY NAME (If not institution, give street and number): Lee Memorial Health System HPMC
9d. CITY, TOWN, OR LOCATION OF DEATH: Fort Myers
9e. COUNTY OF DEATH: Lee
10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED
10a. DECEDENT'S USUAL OCCUPATION: President
10b. KIND OF BUSINESS/INDUSTRY: Asphalt Paving
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Norma Dressler
13. RESIDENCE — STATE: Illinois
13b. COUNTY: Dupage
13c. CITY, TOWN, OR LOCATION: Westmont
13d. STREET AND NUMBER: 129 West Quincy Apt. 1
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 60559

PARENTS

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): X No — Yes — Specify
15. RACE — American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12): 12 — College (1 - 4 or 5 +)
17. FATHER'S NAME (First, Middle, Last): Robert Messmer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Marie (Unobtainable)

19a. INFORMANT'S NAME (Type/Print): Norma Messmer
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 129 W.Quincy Apt. 1 Westmont, Illinois 60559

DISPOSITION

20a. METHOD OF DISPOSITION: — Burial — Cremation — X Removal from State — Donation — Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Clarendon Hills Cemetery
20c. LOCATION — City or Town, State: Darien, Illinois
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Brian E. Fawcett
21b. LICENSE NUMBER (of Licensee): 4211
21c. NAME AND ADDRESS OF FACILITY: FULLER FUNERAL HOME-Cremation Service, 1625 Pine Ridge Rd., Naples, Florida 34109

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): Mo. Rashid MD
22b. DATE SIGNED (Mo., Day, Yr.): April 8th, 1999
22c. HOUR OF DEATH: 7:37 P. M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER

23a. 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 as stated. (Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH: M
23d. MEDICAL EXAMINER'S CASE #:

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Mohammad A. Rashid, M.D. 3620 Broadway, Ft. Myers, Florida 33901

25a. SUBREGISTRAR — SIGNATURE AND DATE:
25b. LOCAL REGISTRAR — SIGNATURE: Marlene J. Hoelscher Dep
25c. DATE REGISTERED: Apr 12 1999

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

Part II

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Atherosclerotic Cardiovascular Disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Bilateral pneumonia.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? — YES — NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined: Natural
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

VOID IF ALTERED OR ERASED

203510

BOOK 4 32 PAGE 0 40

Brenda A McGee, Dep Reg. August 26, 2005

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1946 (02-04)

B1386986

CERTIFICATION OF VITAL RECORD

1386986