

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Florence P. Anderson
 STREET ADDRESS 3894 Granite Way
 CITY, STATE, ZIP Wellington, NV 89444

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA }
 County of DOUGLAS } ss.

FLORENCE P. ANDERSON, of legal age, being first duly sworn, deposes and says:
 That EMMET O. ANDERSON, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as EMMET O. ANDERSON
 named as one of the parties in that certain Deed dated May 4, 1971,
 executed by TOPAZ DEVELOPMENT CORP., a Nevada Corporation
 to EMMET O. ANDERSON and FLORENCE P. ANDERSON, Husband and Wife,
 as joint tenants, recorded as Instrument No. 83687, on October 7, 1975, in
 book 1075, page 294, of Official Records of Douglas
 County, Nevada covering the following described property situated in the Unincorporated
 County of Douglas, State of Nevada

Lot 20, in Block G, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed
 in the office of the County Recorder of Douglas County, Nevada, on November 16,
 1970 in Book 1 of Maps, Page 224 as Document No. 50212.

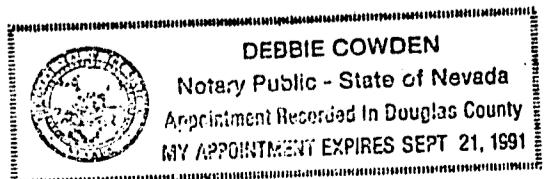
A.P.N. 37-464-04

Dated ... March 24, 1989

Florence P. Anderson
 FLORENCE P. ANDERSON

SUBSCRIBED AND SWORN TO before me, the
 undersigned, a Notary Public in and for said County
 and State, this 24th day
 of March, 1989

Debbie Cowden
 Notary Public in and for said County and State



(This area for official notarial seal)

198977

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

88-005714

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Emmet Orville ANDERSON		2. August 19, 1988	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Wellington		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
3c. 3894 Granite		3d. Yes	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	
4a. White		3e. 7	
ETHNIC		AGE—Last Birthday (Years)	
4b. Danish		5a. 70	
UNDER 1 YEAR		UNDER 1 DAY	
MOS : DAYS		HOURS : MINS	
5b. :		5c. :	
DATE OF BIRTH (Mo., Day, Yr.)		SEX	
6. January 2, 1918		7. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8. Minnesota		9. U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
10. Married		11. Florence Marino	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 5537		14a. Parts Inspector 796	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Wellington	
COJNTY		STREET AND NUMBER	
15b. Douglas		15d. 3894 Granite	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Jens Peter Anderson		17. Melinda Sophia Olson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Florence Anderson		18b. 3894 Granite, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Lone Mountain Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>Florence Anderson</i>		19c. Carson City Nevada	
NAME AND ADDRESS OF FACILITY		20b. 1281 N. Roop Street, Carson City, Nevada 89706	
20c. Walton's Chapel of the Valley		20d. 02	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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 and Title) <i>Florence Anderson</i>		(Signature and Title) <i>Dr. Larry Paul</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 8-23-88		22b. 8-23-88	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1220 PM		22c. 1220 PM	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Sgt. Larry Paul, Dep. Coroner Douglas Co., P.O. Box 218, Minden, Nv. 89423		22d. ON 8-23-88	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23. Sgt. Larry Paul, Dep. Coroner Douglas Co., P.O. Box 218, Minden, Nv. 89423		22e. AT 1313	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>Florence Anderson</i>		24b. August 23, 1988	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Arteriosclerotic Heart Disease		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) 414D		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

VITAL RECORDS

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

By:

198977

Date Issued: MAR 23 1989 BOOK 389 PAGE 3651

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.



COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 MAR 27 AM 11:30

SUZANNE BEAUDREAU
RECORDER

198977

\$ 1.00 PAID SB DEPUTY

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