

AFFIDAVIT ESTABLISHING DEATH OF JOINT TENANT, AND TERMINATING INTEREST OF SUCH JOINT TENANT IN REAL PROPERTY

On this 23rd day of Jan., 1990 personally appeared before me, the undersigned Notary Public within and for the county and state aforesaid, Laura F. Hauck, who being first duly sworn, deposes and says:

1. That she makes this affidavit pursuant to, and under the authority of N.R.S. 40.525.

2. That on the 4th day of November 1980 by an instrument appearing of record as Document No. 51049, in Book 1180, on page 1580 of Official Records of Douglas County, Nevada, all of which is incorporated by reference herein, affiant and Dale S. Hauck acquired, as joint tenants with right of survivorship, certain real property situate in the County of Douglas, State of Nevada, particularly described as follows:

Unit 24 of El Dorado Village Unit #1, as shown on the on the Official Map recorded in the office of the County Recorder on December 14, 1973, as Document No. 70678.

Together with a 1/46 interest in to Lots A, B, & C, designated as common areas on said subdivision. APN 25-420-24

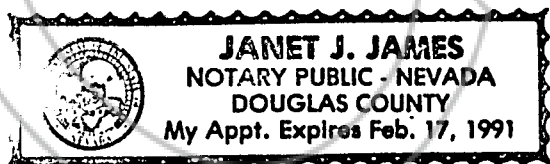
That the said Dale S. Hauck died on the 29th day of August, 1987, in Reno, Nevada and that a certified copy of the certificate of death of said deceased is attached hereto and made a part hereof.

That affiant is the wife of said deceased, and has personal knowledge of the facts set forth herein.

Laura F. Hauck
LAURA F. HAUCK

SUBSCRIBED and SWORN to before me this 23rd day of January, 1990.

Janet J. James
NOTARY PUBLIC



218809

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 64 IMAGE 116

LOCAL FILE NUMBER

1515

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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

PARENTS

EXPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Dale Steven HAUCK		DATE OF DEATH (Month, Day, Year) 2 August 29, 1987		STATE FILE NUMBER	
CITY, TOWN, OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Veterans Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a. White		ETHNIC 4b.		AGE—Last Birthday (Years) 5a. 65	
STATE OF BIRTH (If not U.S.A., name country) R Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Divorced	
SOCIAL SECURITY NUMBER 13. ████████-7400		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Chef		KIND OF BUSINESS OR INDUSTRY 14b. Restaurant	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville	
FATHER—NAME First Middle Last 16. Alfred E. Hauck		MOTHER—MAIDEN NAME First Middle Last 17. Mamie		DATE OF BIRTH (Mo., Day, Yr.) 6 April 7, 1922	
INFORMANT—NAME (Type or Print) 18a. Department of Anatomy		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. University of Nevada School of Medicine, Reno, Nv. 89557		SEX 7. Male	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Anatomical Donation		CEMETERY OR CREMATORY—NAME 19b. Department of Anatomy		LOCATION City or Town State 19c. Reno Nevada 89557	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b. Department of Anatomy, School of Medicine, Reno, Nv. 89557		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. September 4, 1987		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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 21c. 2130 pm	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. KEVIN LASKO, M.D., VA Medical Center, 1000 Locust Street, Reno, Nevada 89520		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c.		22c. PRONOUNCED DEAD (Hour) 22d. ON	
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 4, 1987		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Multiple Strokes		Interval between onset and death : Immediate		Interval between onset and death : 2 Weeks	
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		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

218809 N° 61721

VITAL RECORDS

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

No 069137

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA.

ON SEP 18 1987
SEAL

W. J. [Signature]

REGISTRAR VITAL STATISTICS

BY *Shirley M. Gilize*
VITAL REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM THE ORIGINAL RECORDS AND MAY IN TIME CHANGE IN COLOR OR REAPPEARANCE

REQUESTED BY
David Pumphrey
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 JAN 25 A9:49

SUZANNE BEAUDREAU
RECORDER

218809

\$ 7.00 PAID K/S DEPUTY
BOOK

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