

RICHARD FLEISCHER, LTD.  
227 CLAY ST.  
RENO, NV 89501

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA            )  
                                  ):ss.  
COUNTY OF WASHOE        )

I, ELINOR JENSEN, now known as ELINOR ERICKSON, under penalty of perjury, being first duly sworn, depose and say:

That I am one of the surviving joint tenants in that certain Joint Tenancy Deed dated September 4, 1947, whereby MINNIE JENSEN aka WILHELMINA JENSEN of Gardnerville, Nevada, conveyed to MINNIE JENSEN, MARGARET WILLIAMS, JOHN A. JENSEN, ELINOR JENSEN, and FREDERICK R. JENSEN, as joint tenants and not as tenants in common, and to the survivors and to the last survivor of them forever, all those certain lots, pieces and parcels of land lying, being and situate in the County of Douglas, State of Nevada, and more particularly described as:

In the S½ of the SW¼ of Section 33, T. 13 N., R. 20 E., M.D.B. and M., lying in the Town of Gardnerville, Douglas County, Nevada, and being more particularly described by metes and bounds as follows, to-wit:

Commencing at the Town Monument to the Town of Gardnerville at the so called Dettling Corner, thence from said monument N. 44° 54' W. along the centerline of Main Street a distance of 602.08 feet to a point; thence N. 48° 20' E. a distance of 434.87 feet to a point on the southerly right of way line of Eddy Street, which is the northwest corner of the parcel and point of beginning, said point of beginning being further described as bearing N. 32° 14' 40" W. a distance of 844.33 feet from the aforesaid town monument; thence N. 45° 57' E. along the southerly side of Eddy Street right of way line as established, a distance of 128.00 feet to a point at the northeast corner of the parcel and the

terminus of Eddy Street; thence S. 44° 39' E. along the property line a distance of 130.00 feet to a point at the southeast corner of the parcel; thence S. 45° 57' W. and parallel with Eddy Street a distance of 128.00 feet to a point at the southwest corner of the parcel; thence N. 44° 39' W. along the property line a distance of 130.00 feet to the point of beginning. Excepting therefrom a right of way for a road 23 feet wide, the center line of which is more particularly described as follows:

Beginning at a point on the southerly line of the right of way of Eddy Street and N. 45° 57' E. a distance of 92.50 feet from the northwest corner of the aforesaid described parcel; thence S. 44° 39' E. parallel with and 35.50 feet distant from the easterly side of the aforesaid described parcel, a distance of 130.00 feet; said right of way for a road containing an area of 0.07 acres more or less; leaving a net total acreage of 0.31 acres. The bearings herein described were carried from the center line of Main Street, which is N. 44° 54' W.

APN 25-333-02

TOGETHER with all water and water rights, ditch and ditch rights appurtenant and running therewith.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Said Deed is dated September 4, 1947, and was recorded on February 28, 1991, as Document Number 245681, in Book 291, at Page 3629, of the Official Records of Douglas County, Nevada, and conveyed said property to the grantees, MINNIE JENSEN, MARGARET WILLIAMS, JOHN A. JENSEN, ELINOR JENSEN, and FREDERICK R. JENSEN, in joint tenancy with right of

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survivorship. The survivors are MARGARET WILLIAMS, JOHN A. JENSEN and ELINOR JENSEN now known as ELINOR ERICKSON.

That Affiant is the daughter to the deceased joint tenant, MINNIE JENSEN, and is the sister to the deceased joint tenant, FREDERICK R. JENSEN.

A certified copy of the Death Certificate of FREDERICK RICHARD JENSEN is attached hereto and made a part hereof by reference, and the person named in said Death Certificate is the identical person as named in the aforesaid Joint Tenancy Deed as FREDERICK R. JENSEN. That FREDERICK RICHARD JENSEN died on February 14, 1987, in Berkeley, California.

A certified copy of the Death Certificate of WILHELMINA JENSEN is attached hereto and made a part hereof by reference, and the person named in said Death Certificate is the identical person as named in the aforesaid Joint Tenancy

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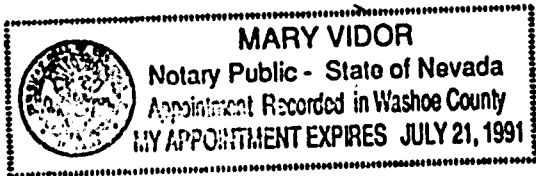
Deed as MINNIE JENSEN. That WILHELMINA JENSEN died on November 14, 1990, in Reno, Nevada.

Dated: this 13th day of March, 1991.

Elinor Erickson  
ELINOR JENSEN now known as  
ELINOR ERICKSON

SUBSCRIBED AND SWORN to before me  
this 13th day of March, 1991.

Mary Vidor  
NOTARY PUBLIC



RECORDER'S STAMP  
When Recorded Mail To:  
Richard D. Fleischer  
227 Clay Street  
Reno, Nevada 89501

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

3-87-61

090116

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
FREDERICK	RICHARD	JENSEN	February 14, 1987		0010
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH	7. AGE	8. IF UNDER 1 YEAR MONTHS
Male	Caucasian		December 8, 1925	61 YEARS	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
NV	John A. Jensen - NV		Minnie Springmeyer - NV		
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME)	
U. S. A.	19 44 TO 1945	-3809	Married	Frances Ann Walker	
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS		
Professor	31	U. C. Berkeley	Education		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
25 Camino Del Diablo				Orinda	
19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Contra Costa	CA	Frances A. Jensen (wife) 25 Camino Del Diablo Orinda, CA. 94563			
21A. PLACE OF DEATH	21B. COUNTY				
Alta Bates Hospital	Alameda				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN				
3001 Colby	Berkeley				
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST.	(A) <i>Pneumonia</i>	24 hrs	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? <i>No</i>	
	(B) <i>Liver Failure</i>	6 Months		25. WAS BIOPSY PERFORMED? <i>No</i>	
	(C) <i>Cirrhosis</i>	10 yrs		26. WAS AUTOPSY PERFORMED? <i>Yes</i>	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
<i>None</i>			<i>No</i>		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	<i>C. Allen Goetsch, M.D.</i>	<i>MD</i>	2/18/87	G-44748
12-8-1986	2-14-1987	28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
		2999 Regent Street Berkeley, CA			
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED	
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Cremation	Feb. 19, 1987	Hull's Walnut Creek Crematory	Not Embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR		
Hull's Walnut Creek Chapel	250	<i>Michael L. Gay, M.D.</i>	FEB 18 1987		

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF  
THE DOCUMENT FILED IN THE CITY OF BERKELEY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
BERKELEY, CALIFORNIA

SEAL

*Marie Sepin MD MPH*

HEALTH OFFICER

By: *Julie Cordaro*  
Deputy

Date: MAR 16 1988

246540



# 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 72 · IMAGE 156

2143

LOCAL FILE NUMBER

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

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. <b>Wilhelmina JENSEN</b>		2. <b>November 14, 1990</b>		3a. <b>Washoe</b>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not ether, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. <b>Reno</b>		3c. <b>St. Mary's Regional Medical Center</b>		3e. <b>Inpatient</b>
4. <b>Female</b>		SEX		
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)
5. <b>White</b>		8. <input checked="" type="checkbox"/> <b>Yes</b>		7a. <b>93</b>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
9a. <b>Nevada</b>		9b. <b>U.S.A.</b>		10. <b>16</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY
13. <b>6056</b>		14a. <b>Secretary</b>		14b. <b>U.S. Geological Service</b>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>	15d. <b>1243 B E. Eddy St</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
16. <b>Fritz Springmeyer</b>		17. <b>Margaret Springmeyer</b>		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. <b>Elinor Erickson</b>		18b. <b>160 Circle Dr., Reno, Nevada 89509</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
19a. <b>Burial</b>		19b. <b>Mountain View Cemetery</b>		19c. <b>Reno Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. <b>1</b>	20c. <b>Ross, Burke &amp; Knobel, 2155 Kietzke Lane, Reno, Nevada 89502</b>	
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.) <b>11/15/90</b> HOUR OF DEATH <b>1350</b> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22b. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		
23a. <b>Richard Priest MD 50 Kinross Ave. Reno, Nev. 89502</b>		23b. <b>3950</b>		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i> <b>State Dept.</b>		24b. <b>November 16, 1990</b>	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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death <b>10-15 Minutes</b>		
	(b) <b>Toxemia</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death <b>5 Days</b>		
	(c) <b>Sepsis</b>	Interval between onset and death <b>5 Days</b>		
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
			28. <b>No</b>	27. <b>No</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.	28b.	28c. <b>M</b>	28d.	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
28e.	28f.	28g.		

STATE REGISTRAR

No. 019152

BOOK 391 PAGE 1657

246540

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**

COPI

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

No. **5EAD**

ON **JUL - 3, 1991**

REGISTERED VITAL STATISTICS  
 COUNTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

REQUESTED BY  
Richard Fleischer  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

91 MAR 14 AIO:03

SUZANNE BLAUBREAU  
 RECORDER **246540**  
 \$11.00 PAID KD DEPUTY  
 BOOK **391** PAGE **1658**