

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Joyce J. Amdal
STREET ADDRESS P.O. Box 172
CITY, STATE, ZIP Gardnerville, NV 89410

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

Nevada
STATE OF CALIFORNIA

County of Douglas

} ss.

Joyce J. Amdal, of legal age, being first duly sworn, deposes and says:
That Karl L. Amdal, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Karl L. Amdal
named as one of the parties in that certain Deed dated August 19, 1975,
executed by Bill M. Green to Karl L. Amdal and Joyce J. Amdal, husband and wife,
as joint tenants, recorded as Instrument No. 82509, on August 19, 1975, in
book 875, page 805, of Official Records of Douglas County, California, covering the following described property situated in the
Nevada County of Nevada, State of Nevada:

Lot 67, as shown on the official map of Fish Springs Estates
filed in the office of the County Recorder of Douglas County,
State of Nevada on August 30, 1973.

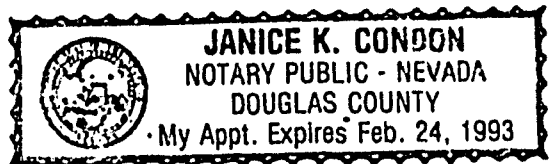
A.P.N. 35-303-08

Dated January 23, 1992

Joyce J. Amdal (Signature)

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 23rd day of January, 1992

Janice K Condon (Signature)
Notary Public in and for said County and State



269440

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(This area for official notarial seal)

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

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Karl Lawrence AMDAL		2. November 4, 1991	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Cottonwood Care Center		3a. Inpatient	
SEX		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 52	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. California		7c. :	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. USA		8. June 10, 1939	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 17+		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. -4561		12. Joyce Janssen	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Salesperson		14b. Electronic Industry	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1256 Myers Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Raymond Amdal		17. Esther Ganowsky	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Joyce Amdal		18b. P.O. Box 172, Gardnerville, NV. 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
LOCATION City or Town State		19c. Minden Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>Walter W. ...</i>		20b. 21	
NAME AND ADDRESS OF FACILITY		20c. 1281 N. Roop Street, Carson City, Nevada 89706	
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) and manner stated.	
(Signature and Title) <i>Craig Gudmundson</i>		(Signature and Title) <i>...</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11-4-91		22b. <i>...</i>	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0600		22c. <i>...</i>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <i>...</i>		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Craig Gudmundson MD, 1540 Hwy. 395, Gardnerville, Nv. 89410		22e. AT	
LICENSE NUMBER		23b. 6055	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>...</i>		24b. Nov. 6, 1991	
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))		Interval between onset and death	
PART I (a) Massive cerebrovascular accident		: weeks	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>...</i>		: <i>...</i>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <i>...</i>		: <i>...</i>	
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)	
26. No		27. Yes	
ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <i>...</i>		28b. <i>...</i>	
HOUR OF INJURY		28c. <i>...</i>	
DESCRIBE HOW INJURY OCCURRED		28d. <i>...</i>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. <i>...</i>		28f. <i>...</i>	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28g. <i>...</i>	

269440

STATE REGISTRAR

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

Date Issued: NOV 7 1991

Deputy Registrar

SEAL

No. 032459



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

REQUESTED BY

Joyce Amdal

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'92 JAN 23 P2:04

SUZANNE BEAUDREAU
RECORDER

269440

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