MAIL TAX STATEMENTS TO:

Isabel H. Tenk 881 Jack's Valley Rd. Carson City, NV 89701

R.P.T.T. #4 = 0

APN: 13-104-06

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

WHEN RECORDED RETURN TO:

John E. Lewis 625 Plumas Street Reno, NV 89509

AFFIDAVIT BY SURVIVING JOINT TENANT

ISABEL H. TENK, being first duly sworn, deposes and says:

That affiant is the Surviving Spouse of KARL H. TENK, and party of the second part in that certain Deed dated November 15, 1978, wherein JACK W. BAY and MARGARET G. BAY, husband and wife and NELLIE S. HASS, a single woman, parties of the first part, and KARL H. TENK and ISABEL H. TENK, husband and wife, as joint tenants with right of survivorship, parties of the second part, conveying to said parties of the second part that certain real property situate in the County of Douglas, State of Nevada, that is described as follows:

Beginning at the 1/4 corner point between Section 6 & 7, Township 14 North, Range 20 East, M.D.B. & M.; thence South 89°37' West 330 feet more or less, to the true point of beginning; more particularly described as the southwest corner of a parcel of land deeded to Louise Thurmond as shown on Page 721 of Book 1273 of Douglas County Records; thence South 0°14'45" East 35 feet; thence South 64°48'34" West 152.48 feet; thence North 26°12'38" East 110.00 feet more or less to the southerly line of lands deeded to Karl H. Tenk and Isabel H. Tenk, husband and wife as Joint Tenants, as Document No. 12767 of Book D-1, Page 9 of Douglas County Records; thence continuing easterly along last said line North 89°37'00" East 186.70 feet to the true point of beginning.

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

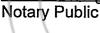
That said Deed was recorded November 15, 1978, as Document #27370, in Book 1178, page 980, of Official Records, Douglas County, State of Nevada.

That KARL H. TENK, party of the second part in said Deed, died on March 22, 1979, and is the identical person named in that certified copy of death certificate attached hereto; that said certified copy of death certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

DATED this <u>29th</u> day of <u>September</u>, 1997.

ISABEL H. TEŃK

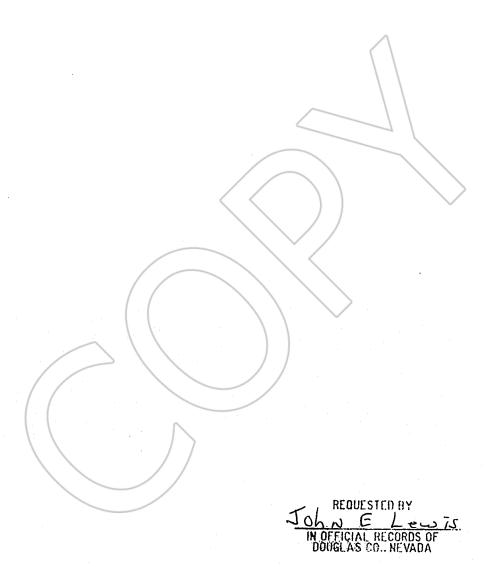
SIGNED and SWORN to before me this 29th day of September, 1997, by ISABEL H. TENK.





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E VOID	U. S. P. S.	-///								
				E OF N		30.00		NO.		
	DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS									
393		s T	TATE OF NEVA	DA — DEPARTMI HEALTH — SECT	ENT OF HUM	IAN RESOURCE	<u> </u>	0-001		
ТҮРЕ	LOCAL FILE NUMBI	ER Midd		CERTIFICATE	OF DEATH			9-00 1	BER	
OR PRINT IN PERMANENT	Kar]	L He	rman	TENK	a. M	larch 22. 1	35	3a. Dou	glas	
BLACK INK	city, town, or location of the country of the count	HOSPITAL OR OT	OSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) c. 881 Jacks Valley Road 3d.							
	HACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a. White 4b. German		n iO	AGE—Last UNDER 1 YEAR Birthday (Yenrs) MOS. DAYS 5a. 67 5b.			Sept.	24, 1911	sex 7. Male	
IF DEATH CCURRED IN NSTITUTION	STATE OF BIRTH (if not U.S.A., name country) 8. California	مدا	WHAT COUNTRY	MARRIED, NEVER MAI WIDOWED, DIVORCED (Specily) Marr 10.		SURVIVING SPOUSE (if	1.	U.S. AH	CEDENT EVER IN MED FORCES? Yes or No:	
E HANDBOOK REGARDING IMPLETION OF IDENCE ITEMS	SOCIAL SECURITY NUMBER USUAL OCCU		CUPATION (Give Kind o	JPATION (Give Kind of Work Done During Most of Even if Retired)		11. Isabel Mazurkevich (Specify Yes or No) no OF BUSINESS OR INDUSTRY Real Estate 270-718				
	13. JANUARE 1676					Real Estate 2 (5 - (1) REET AND NUMBER INSIDE CITY LIMITS (Specily Yes or No)				
	Nevada FATHER—NAME First	15b. Dougla	S 15c.	Jacks Valle	MOTHER-MAID		ks Val	Ley Rd 15e.	no Last	
PARENTS	16. Karl		Joseph	Tenk	17.	- N			Hickel	
	INFORMANT—NAME (Type of I	•		MAILING ADDRESS 185 881 Jack		36 37	City or Town, State, Zip) , Carson City, NV 89701			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME					LOCATION City or Town State				
POSITION'	19a. Burial FUNERAL DIRECTOR—SUGNAT	UPE (Or Person Acting as	19b. LO	ne Mountain		S. Carson		erson City	NV	
	20a Lay Lat Henry's Capital City Mortuary, Carson City, NV 89701									
	21a. To the cest of my knowledge, death occurred at the time, date and place and due to the cause (s) stated. 21a. To the cest of my knowledge, death occurred at the time, date and place and due to the cause (s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 21a. To the cest of my knowledge, death occurred at the time, date and place and due to the time, date and place and due to the cause (s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. 21c. 22a. On the basis of examination apd/or investigation, in my opinion death occurred at the time, date and place and due to the time, date and place and due to the cause (s) stated. DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. 22c. 10:30 P.M.									
POTIFIED	DATE SIGNED (Mo.	, Day, Yr.)	HOUR OF DEATH		DATE SIG	VED (Mo., Day, Y.) 26/79	i	10:30 P.M.	-	
ERTIFIER	NAME OF ATTENDI	NG PHYSICIAN IF OTHER	THAN CERTIFIER (Type	ER (Type or Print)			DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)			
	21d. PAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)									
, l	23. Terry REGISTRAR	D. Clodt, D	eputy Coro	ner, P. O.	Box 400,	Zephyr Co	ve. W	89448 AR (Mo., Day, Yr.)		
CONDITIONS IF ANY VHICH GAVE	24a. (Signature) > + 0	Len. Evan	s Dep	ety.		Can	Jarch	27 197	19	
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (S). PART (a) Myocardial Infarction						Interval between onset and death			
TATING THE INDERLYING AUSE LAST	DUE TO, OR AS A				Interval between onset and death					
└→	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death		
AUSE OF	OTHER SIGNIFICANT	CONDITIONS—Conditions	contribution to doub but	t not related to cause given	In DADT 1 (a)	Luzony		C OACE DESCRIPTION TO		
DEATH	ſii ·			t not related to cause given	mranii(a)	AUTOPSY)	(Specify WA! es or No) EXA 27.	S CASE REFERRED TO I AMINER OR CORONER (Specify Yes or No)	
	ACC., SUICIDE, HOM., UNDET., DA OR PENDING INVEST. (Specily) 28a. 28		(r.) HOUR OF INJU 28c.		W INJURY OCCUR	RED	•	V		
\	INJURY AT WORK (Specify Yes or No)	ACE OF INJURY—At home, etc. (Specif	farm, street, factory, offic	M 28d. ce building, LOCATION	STREET	OR R.F.D. No.	CITY OR TOW	/N STATE		
	286		/_/	28g.			<u> </u>	·		
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A 44 4	OTENS OF SEC. STADS IS ASSESS IS ASSESS IS ASSESS	E		Ų.	Spo	onn	e ,	Sylv	a	
		This is to	certify that the	above is a true an	11					
	of the certificate on file in this office. Date Issued: SEP 2 9 1997 0 4 2 3 3 2 9 State Registrar									
							State Ministry	negistrar		
			WARNING: IT IS ILL	EGAL TO ALTER OR CO	PY THIS DOCUM	1ENT				
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'97 OCT -6 All :07

LINDA SLATER
SORECORDER
PAID DEPUTY

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