

RECORDING REQUESTED BY

Karen Theile

AND WHEN RECORDED MAIL TO

Name  
Street  
Address  
City  
State  
Zip

Karen Theile  
P.O. Box 47  
Groveland, CA 95321

m769310

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# AFFIDAVIT DEATH OF JOINT TENANT

STATE OF CALIFORNIA

(Escrow No.....)

COUNTY OF Tuolumne } ss.

Karen A. Theile

of legal age, being first duly sworn, deposes and says:

THAT Dennis Lloyd Theile

the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Dennis L. Theile named as one of the parties in that certain Grant Deed dated July 6, 1992, executed by Boyd M. Barnett

and Imogene M. Barnett to Dennis L. Theile and Karen A. Theile

as joint tenants, recorded as Instrument No. 304777 on April 15, 1993, in Book/Reel 0493

Page/Image 2846, of Official Records in the Office of the County Recorder of Douglas County, State of California

describing the following real property in the Douglas County, State of Nevada

State of Nevada:

All that real property in the County of Douglas, State of Nevada, being Assessor's Parcel Number 39-142-10, specifically described as:

Lot 10, as shown on the map of TOPAZ SUNRISE ESTATES, filed for record in the office of the County Recorder on January 9, 1968, as Document No. 39898, Official Records of Douglas County, Nevada..

Excepting therefrom water rights as reserved in Deed Recorded, May 11, 1950, Book Z of Deeds, Page 190, Douglas County Nevada.

APN: 39-142-10

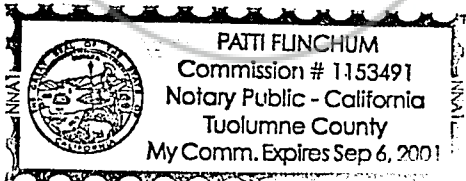
THAT the total assets of the deceased at the time of death did not then exceed in value the sum of \$ n/a

Dated this 21st day of July, 1998

*Karen A. Theile*

KAREN A. THEILE

SUBSCRIBED AND SWORN TO BEFORE ME



this 21st day of July, 1998

Notary's Signature *Patti Flinchum*

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Form No. 21 Revised 9-67

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3 1998 55 000203

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Dennis		2. MIDDLE Lloyd		3. LAST (FAMILY) Theile			
4. DATE OF BIRTH M/M/DD/CCYY 01/31/1945		5. AGE YRS. 53		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 06/01/1998	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 4659		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER Big Oak Flat-Groveland School District			
17. OCCUPATION Transportation Supervisor		18. KIND OF BUSINESS School Bus Transportation		19. YEARS IN OCCUPATION 24			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 19604 Pine Mt. Lake Drive							
21. CITY Groveland		22. COUNTY Tuolumne		23. ZIP CODE 95321		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Karen Theile-Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 47, Groveland, Ca. 95321			
28. NAME OF SURVIVING SPOUSE—FIRST Karen		29. MIDDLE -		30. LAST (MAIDEN NAME) Parsall			
31. NAME OF FATHER—FIRST Carl		32. MIDDLE -		33. LAST Theile, Sr.		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Alyda		36. MIDDLE -		37. LAST (MAIDEN) Durand		38. BIRTH STATE CA	
39. DATE M/M/DD/CCYY 06/02/1998		40. PLACE OF FINAL DISPOSITION Kept at res. 19604 Pine Mt. Lake Drive, Groveland, Ca. 95321					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Terzich & Wilson Funeral Home		45. LICENSE NO. FD762		46. SIGNATURE OF LOCAL REGISTRAR David W. Wynne		47. DATE M/M/DD/CCYY 06/02/1998	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Tuolumne	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 19604 Pine Mt. Lake Drive						106. CITY Groveland	
IMMEDIATE CAUSE (A) Metabolic acidosis, electrolyte imbalance		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) 1 week		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) Liver failure		2 months		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Metastatic melanoma		6 months		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Liver biopsy 01/30/1998							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 04/24/1991		115. SIGNATURE AND TITLE OF CERTIFIER Terzich		116. LICENSE NO. G33355		117. DATE M/M/DD/CCYY 06/01/1998	
DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 05/29/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Terril Spitze, MD, 193 So. Fairview, Sonora, Ca. 95370					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

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SEAL

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TUOLUMNE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

DATE ISSUED 06/02/1998

DATE ISSUED

David W. Wynne

DAVID W. WYNNE  
TUOLUMNE COUNTY ASSESSOR-RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

COPY

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

'98 AUG -4 P4:13

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LINDA SLATER  
RECORDER  
\$ 9.00 PAID KD DEPUTY