

9.
A.P. No. 37-412-28

✓ WHEN RECORDED MAIL TO:
J. Herdt
1533 Flint
Wellington, NV 89444

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That John Joseph Herdt, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John J. Herdt named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 29, 1991, executed by Michael P. Cunag and Lynn S. Cunag, to John J. Herdt and Joanne Herdt, husband and wife as joint tenants, recorded as Instrument No. 259038 on August 29, 1991 in book 891, page 5012, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Wellington, County of Douglas, State of Nevada:

Lot 30, in Block K, as shown on the Map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212, of Official Records.

Together with an easement for ingress and egress for driveway purposes over and across all that portion of Lot 29, as set forth in Easement Agreement recorded April 12, 1976, in Book 476, Page 514, Document No. 89500, of Official Records.

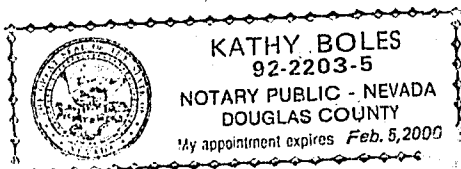
Dated November 5, 1999

Joanne Herdt
Joanne Herdt

Subscribed and sworn to before me this 5th day of November, 1999

by Joanne Herdt

Kathy Boles
Notarial Officer



0480153

BK 1199PG0913

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 98 IMAGE 507

2428

	LOCAL FILE NUMBER		STATE FILE NUMBER		
	2428				
DECEASED	1. DECEASED—NAME First Middle Last John Joseph HERDT			2. DATE OF DEATH (Month, Day, Year) October 24, 1999	
	3a. CITY, TOWN OR LOCATION OF DEATH Reno			3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center	
	3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			3d. SEX Male	
	3e. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			3f. Inpatient (Specify) Inpatient	
	3g. AGE—Last Birthday (Years) 7a. 67			3h. DATE OF BIRTH (Mo., Day, Yr.) 8. March 2, 1932	
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) New York			9b. CITIZEN OF WHAT COUNTRY U.S.A.	
	9c. SOCIAL SECURITY NUMBER 6420			9d. Decedent's Education. Specify highest grade completed. 10. 14	
	9e. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Project Manager			9f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
	9g. RESIDENCE—STATE COUNTY 15a. Nevada Lyon			9h. KIND OF BUSINESS OR INDUSTRY 12. Joanne Davis	
	9i. CITY, TOWN, OR LOCATION 15c. Wellington			9j. SURVIVING SPOUSE (If wife, give maiden name) 12. Joanne Davis	
DISPOSITION	10. STREET AND NUMBER 15d. 1533 Flint Road			10a. INSIDE CITY LIMITS (Specify Yes or No) 15e. YES	
	11. FATHER—NAME First Middle Last 16. John Herdt			11. MOTHER—MAIDEN NAME First Middle Last 17. Catherine Boyle	
	11a. INFORMANT—NAME (Type or Print) 18a. Joanne Herdt			11b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1533 Flint Road Wellington, Nevada 89444	
	12. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			12a. CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19b. Truckee Meadows Crematory Sparks, Nevada	
	12b. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as such) <i>[Signature]</i>			12c. NAME AND ADDRESS OF FACILITY 20c. Reno Memorial 253 E. Arroyo Reno, Nevada 89502	
CERTIFIER	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>			21b. DATE SIGNED (Mo., Day, Yr.) 10-23-99	
	21c. HOUR OF DEATH 2250			21d. 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>			22b. DATE SIGNED (Mo., Day, Yr.)	
	22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
	22e. AT			22f. PRONOUNCED DEAD (Hour)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) STANLEY J. THOMPSON MD 343 ELM ST. 4TH FLOOR			23b. LICENSE NUMBER 3781	
	24a. REGISTRAR (Signature) <i>[Signature]</i> Dep.			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 28, 1999	
	24c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			24d. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	PART I (a) Cerebral Vascular Accident - Embolic Event			Interval between onset and death	
	PART I (b) Cardiac Catecholaminergic - Embolic for Aorta			Interval between onset and death	
PART I (c) Atherosclerosis - Popliteal			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary Artery Disease - Artery			26. AUTOPSY (Specify Yes or No) NO		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO			28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		
28a. DATE OF INJURY (Mo., Day, Yr.)			28b. HOUR OF INJURY		
28c. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			28d. DESCRIBE HOW INJURY OCCURRED		
28e. LOCATION			28f. STREET OR R.F.D. No.		
28g. CITY OR TOWN			28h. STATE		

STATE REGISTRAR

No. 150626

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

Deputy Registrar: *[Signature]*

Date: **NOV 2 1999**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1199PG0914 (BK 1199 PG 914)

COPY

REQUESTED BY
Joanna Herlt

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 NOV -5 AM 11: 28

LINDA SLATER
RECORDER

\$9.00 PAID 12 DEPUTY

0480153

BK 1199PG0915