

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
 WHEN RECORDED MAIL TO:

ESCROW NO. 99011523
 A.P.N. # 1220-10-811-007

JEROME J. BERNSEN
 2815 Hawthorn Street
 San Diego, CA. 92104

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
 COUNTY OF DOUGLAS }

JEROME J. BERNSEN, of legal age, being first duly sworn, deposes and says:
 That JUNE VIOLET BERNSEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JUNE V. BERNSEN** named as one of the parties in that certain GRANT DEED dated March 15, 1994 executed by Jerome J. Bernsen and June V. Bernsen husband and wife undivided Int. to Jerome J. Bernsen and June V. Bernsen, husband and wife as JT as to a 1/2 undivided and David A. Bernsen and Sharon L. Bernsen, husband and wife as JT as to a 1/2 undivided as joint tenants, recorded as Instrument No. 334312, on April 06, 1994 Interest in Book 494, Page 930, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the DOUGLAS County, State of Nevada:

Lot 75, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, and Title Sheet amended on June 4, 1965, as Document No. 28378.
 APN# 1220-10-811-007.

DATE: October 19, 1999



Jerome J. Bernsen

JEROME J. BERNSEN

STATE OF NV }
 } ss.
 COUNTY OF Douglas }

This instrument was acknowledged before me on Oct. 28, 1999,
 by, **JEROME J. BERNSEN**

Signature *Suzanne Cheechov*

 Notary Public

0480212

BK 1199PG 1143

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. June Violet BERNSEN		2. October 27, 1999		3a. Carson City		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Carson City		3c. Carson-Tahoe Hospital		3a. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 72		8. January 5, 1927	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Ohio		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 3040		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1512 Niblick Ln.	
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)			
16. Fred Bankson		17. Sylvia Wagner		15e. Yes			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jerome Bernsen		18b. 1512 Niblick Lane, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 9		20c. 1281 North Roop St., 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. (Signature and Title)		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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 10/28/99		21c. 2350		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Dr. E. Easley, 1107 Hwy 395, Gardnerville, Nevada 89410		23b. 7446					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. October 29, 1999		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) Respiratory failure		Interval between onset and death					
(b) Intracranial hemorrhage		Interval between onset and death					
(c) Cerebral Vasculature Occluded		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		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.			

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

STATE REGISTRAR

No. 150836

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

Date Issued:

OCT 29 1999 480212 State Registrar

Sylvia Wagner

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1199 PG 1199

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 NOV -5 PM 3:41

LINDA SLATER
RECORDER

\$ ^{9.00} PAID _{ko} DEPUTY

0480212

BK 1199PG 1145