

✓ WHEN RECORDED MAIL TO:

J Herdt
1533 Flint
Wellington, NV 89444

AFFIDAVIT OF SURVIVING TENANT

STATE OF Nevada)ss.
COUNTY OF Douglas)

Joanne Herdt, being first duly sworn, deposes and says:

1. That she is over the age of twenty-one years and legally competent to make and execute this Affidavit.
2. That Joanne Herdt is the surviving spouse of John J. Herdt.
3. That Joanne Herdt is now deceased, having died in Reno Nevada, on the 24th day of October, 1999. Attached hereto is a copy of the Certificate of Death of said John Joseph Herdt, which has been duly filed with the Nevada State Department of Health, Division of Vital Statistics, Reno, Nevada. That you affiant expressly incorporates said Certificate of Death in this Affidavit.
4. That during the lifetime of the said , John Joseph Herdt and your affiant owned the following described real property, situate in the County of Douglas, State of Nevada, as joint tenants, with right of survivorship, to-wit:

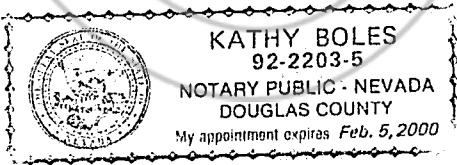
Being all of Lot 32, in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document no. 50212.

5. That said joint tenancy was created by a certain Deed made and executed on July 30, 1993, and which was recorded August 2, 1993, in Book 893, Page 248, as Document No. 314137, Official Records.
6. That by reason of the demise of the said John Joseph Herdt, your affiant is the sole surviving tenant and is the sole owner in fee simple of the above described property.

Joanne Herdt
Joanne Herdt

Subscribed and sworn to before me this 05 day of November, 1999
by Joanne Herdt.

[Signature]
Notarial Officer



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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

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

1. DECEASED—NAME First Middle Last John Joseph HERDT			DATE OF DEATH (Month, Day, Year) 2. October 24, 1999		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St. Mary's Regional Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 67	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. March 2, 1932
STATE OF BIRTH (If not U.S.A., name country) 9a. New York	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 14	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Joanne Davis	
SOCIAL SECURITY NUMBER 13. [REDACTED] 6420	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Project Manager		KIND OF BUSINESS OR INDUSTRY 14b. College Education		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lyon	CITY, TOWN, OR LOCATION 15c. Wellington	STREET AND NUMBER 15d. 1533 Flint Road	INSIDE CITY LIMITS (Specify Yes or No) 15e. YES	
FATHER—NAME First Middle Last 16. John Herdt			MOTHER—MAIDEN NAME First Middle Last 17. Catherine Boyle		
INFORMANT—NAME (Type or Print) 18a. Joanne Herdt			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1533 Flint Road Wellington, Nevada 89444		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 70	NAME AND ADDRESS OF FACILITY 20c. Reno Memorial 253 E. Arroyo Reno, Nevada 89502		
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 10-28-99			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) [Signature] DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21c. 2250		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Stanley I. Thompson MD 343 E. M. St. 4TH Floor			LICENSE NUMBER 23b. 3781		
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 28, 1999	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))					
PART I (a) Cerebral Vascular Accident - Embolic Event			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Cardiac Catecholamine - Embolic for Aorta			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) Atherosclerosis - Puffing			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			AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	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

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COPY

REQUESTED BY

Jeanne Herdt

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 NOV -8 PM 1:41

LINDA SLATER
RECORDER

\$ 9.00 PAID LB DEPUTY

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