

**AFFIDAVIT - DEATH OF JOINT TENANT**

APN 13-064-05

LUCY M. DEHNE, of legal age, being first duly sworn, deposes and says:  
That DONALD L. DEHNE, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as DONALD L. DEHNE  
named as one of the parties in that certain DEED dated SEPTEMBER 8, 1971  
executed by DAVID P. MILLS AND EMMA A. MILLS  
to DONALD L. DEHNE AND LUCY M. DEHNE, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 25903, on OCTOBER 2, 1978, in  
Book 1078, Page 114, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the  
CARSON, County of Douglas, State of Nevada:

LOT 33 OF SIERRA ESTATES ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY  
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 27, 1960, IN BOOK 3, PAGE 70, AS  
DOCUMENT NO. 16665.

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY  
and without liability for the consideration therefor, or as to the validity or  
sufficiency of said instrument or for the effect of such recording on the title of  
the property involved.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property  
described, did not then exceed the sum of \$ 120,000.00.

Dated DECEMBER 14, 1999

STATE OF NEVADA  
COUNTY OF DOUGLAS

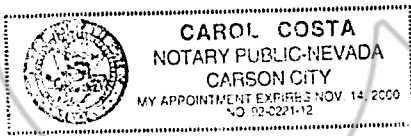
} s.s. Lucy M Dehne  
LUCY M. DEHNE

This instrument was acknowledged before me on

Dec 15 1999.

by LUCY M. DEHNE

Carol Costa  
Notary Public



(This area for official notarial seal)

Title Order No. 100CAC

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY  
Western Title Company, Inc.  
AND WHEN RECORDED MAIL TO

Name LUCY DEHNE  
Street Address 3616 SHAWNEE  
City, State Zip CARSON CITY, NV

0482916

BK 1299PG3318

# 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 First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH			
1. Donald L. DEHNE		2. November 27, 1999		3a. Carson City					
3b. Carson City		3c. Carson Health Care Center		3e. Inpatient		4. Male			
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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. White		6. 69		7b. :		8. November 1, 1930			
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)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. North Dakota		9b. U.S.A.		10. 14		11. Married		12. Lucy Barlow	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
13. ██████████-8697		14a. Retired Air Force		14b. Government					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
15a. Nevada		15b. Douglas	15c. Carson City		15d. 3616 Shawnee Dr.		15e. Yes		
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16. Edward Dehne		17. Marguerite McKinnon							
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Lucy Dehne		18b. 3616 Shawnee Dr., Carson City, Nevada 89705							
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. Jimmy Bender		20b. 9/		20c. 1281 North Rook 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.		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 and Title)							
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b. 11/29/99		21c. 0335		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. C. Heard, 1802 N. Carson St., Carson City, NV 89703		23b. 7674							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) Julie Guarnotta		24b. 12-3-99		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) CONGESTIVE HEART FAILURE		Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
(b) CHRONIC ALCOHOLISM		Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
(c) 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)					
PART II		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. M		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. :		28h. :		28i. :	

No.154864



STATE REGISTRAR

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

Date Issued: DEC 02 1999

*Yvonne Sylva*

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

1999 DEC 17 PM 12:39

LINDA SLATER  
RECORDER

\$8.00 PAID *KJ* DEPUTY

0482916

BK 1299PG3319