

AFFIDAVIT - DEATH OF JOINT TENANT

APN 13-175-01

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

That GERRY D. OMDAL, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as GERRY OMDAL

named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 6, 1996

executed by GBT, a Nevada General Partnership

to GERRY OMDAL AND NINA OMDAL, husband and wife

as joint tenants, recorded as Instrument No. 396533, on September 17, 1996, in

Book 0996, Page 2392, of Official Records of Douglas

County, Nevada, covering the following described property situated in the _____

_____, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 23, in Block K, of VISTA GRANDE SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 9, 1964, as Document No. 26518.

Assessor's Parcel No: 13-175-01

Dated February 8, 2000

STATE OF NEVADA
COUNTY OF Carson City

} Nina Omdal
S.S. NINA OMDAL, Surviving Joint Tenant

This instrument was acknowledged before me on

February 16, 2000

by NINA OMDAL

Maxine U. Turk
Notary Public



(This area for official notarial seal)

Title Order No.82515DTO

Escrow or Loan No. 20596JWN

SPACE BELOW THIS LINE FOR RECORDER'S USE

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

Name **NINA OMDAL**
Street Address **3014 Pacific St.**
City, State Zip **Bellingham, WA 98226**

0486930

BK0200PG4091

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

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Gerry D. OMDAL		2. DATE OF DEATH (Month, Day, Year) September 1, 1999	
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room	
4. SEX Male		4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 51		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) April 12, 1948	
9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Nina Vineyard		13. SOCIAL SECURITY NUMBER 9935	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Logging	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Indian Hills		15d. STREET AND NUMBER 864 Mica Dr.	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER—NAME First Middle Last Sanford Omdal	
17. MOTHER—MAIDEN NAME First Middle Last Katherine Conyers		18a. INFORMANT—NAME (Type or Print) Nina F. Omdal	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 864 Mica Drive, Carson City, Nevada 89705		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Hill</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410		21. To be completed by CERTIFYING PHYSICIAN	
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>Eric Cantlin</i>		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>Eric Cantlin</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 9-2-99		21c. HOUR OF DEATH 0638	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.) 9-2-99	
21e. HOUR OF DEATH 0638		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 9/1/99	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada		22d. PRONOUNCED DEAD (Hour) 0638	
21g. LICENSE NUMBER CO-6		23a. REGISTRAR <i>Vera R. Kachemp</i>	
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept. 3, 1999		23c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Atherosclerotic Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		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.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) M	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 150704

Gyenne Silva

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

Date Issued: **SEP 03 1999**

0486930

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 4092 PG 4092

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

**IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA**

2000 FEB 25 PM 4: 00

LINDA SLATER
RECORDER

\$ 9.00 PAID AL DEPUTY

**0486930
BK0200PG4093**