

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

ESCROW NO. 000800292
A.P.N. # 1220-04-111-040

Mrs. Kersten
1335 Kingslane
Gardnerville, NV 89410

APN 1220-04-111-040

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

ROBERTA R. KERSTEN

, of legal age, being first duly sworn, deposes and says:
That ROSELAND WANDA KALE, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as Roseland Wanda Kale
named as one of the parties in that certain DEED dated 8/31/89
executed by ROBERT MICHAEL FOLEY AND RAY F. FOLEY
to ROSELAND WANDA KALE AND ROBERTA R. KERSTEN
as joint tenants, recorded as Instrument No. 209985, on 8/31/89
in Book 889, Page 4757, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

**LOT 104, AS SHOWN ON THE MAP OF KINGSLANE UNIT NO. 1, FILED IN
THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON
DECEMBER 26, 1968, AS DOCUMENT NO. 43243. A.P.N. 1220-04-111-040**

Roberta R Kersten
ROBERTA R. KERSTEN

DATE: February 29, 2000



STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

This instrument was acknowledged before me on 3-7-00
by, Roberta R. Kersten

Signature Mary H. Kelsh
Notary Public

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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		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Roseland Wanda KALE		2. DATE OF DEATH (Month, Day, Year) August 19, 1999	
3a. COUNTY OF DEATH Douglas		3b. SEX Female	
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1209 Kingslane	
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) 81		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) November 25, 1917	
9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER 571-44-5236	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Care Giver		14b. KIND OF BUSINESS OR INDUSTRY Child Care	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1209 Kingslane	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last George Clayton	
17. MOTHER—MAIDEN NAME First Middle Last Eva Bullard		18a. INFORMANT—NAME (Type or Print) Roberta Kersten	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1335 Kingslane Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 16	
20c. NAME AND ADDRESS OF FACILITY Walton Funeral Home 875 West 2nd Street Reno, Nevada 89503		21a. 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 8/24/99	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. B. Bottenberg		21c. HOUR OF DEATH 1810	
22a. To be completed by Coroner's Office 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> DATE SIGNED (Mo., Day, Yr.)		22b. HOUR OF DEATH 22c.	
22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		22e. PRONOUNCED DEAD (Hour) 22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. B. Bottenberg, 1540 Hwy 395, Gardnerville, Nevada 89410		23b. LICENSE NUMBER D0674	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 24, 1999	
24c. 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) Acute renal failure DUE TO, OR AS A CONSEQUENCE OF: (b) bladder carcinoma DUE TO, OR AS A CONSEQUENCE OF: (c) _____	
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) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
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. 150112

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

Date Issued:

AUG 25 1999

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2000 MAR 14 PM 3: 24

LINDA SLATER
RECORDER

\$ 9⁰⁰ PAID KD DEPUTY

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