

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:
DIANNA BALDA
P.O. BOX# 234
GARDNERVILLE, NEVADA 89410

ESCROW NO. ACCM 1498
A.P.N. # ~~25-321-06~~ 141
1320-33-402-022

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

DIANNA BALDA, of legal age, being first duly sworn, deposes and says:
That CELESTIN EMILE BALDA, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as CELESTINE BALDA
named as one of the parties in that certain GRANT DEED dated FEBRUARY 1, 1968
executed by AUGUST SCHACHT AND EMMA SCHACHT
to CELESTINE BALDA AND DIANNA BALDA, HUSBAND AND WIFE AS JOINT TENANTS
as joint tenants, recorded as Instrument No. 40220, on FEBRUARY 20, 1968
in Book 57, Page 400, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

SEE ATTACHED EXHIBIT "A" FOR FULL LEGAL DESCRIPTION

Dianna Balda
DIANNA BALDA



THIS INSTRUMENT IS BEING RECORDED AS AN
ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED
OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY
OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY,
UPON TITLE TO ANY REAL PROPERTY DESCRIBED
THEREIN.

DATE: MARCH 20, 2000

STEWART TITLE OF DOUGLAS COUNTY

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on APRIL 10, 2005
by, DIANNA BALDA

Signature Suzanne Cheechov
Notary Public

0489725
BK0400PG1773

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Celestin Emile BALDA		2. March 27, 1999	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 1240 Eddy Street	
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.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 69		MOS : DAYS	
		UNDER 1 DAY	
		HOURS : MINS	
		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		SEX	
8. June 1, 1929		4. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. France		9b. France	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 9		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Dianna Schacht	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
12. [REDACTED] 0478		14a. Shepherd	
KIND OF BUSINESS OR INDUSTRY		14b. Agricultural	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Gardnerville		15d. 1240 Eddy St.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Segundo Balda		17. Maria Verges	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Dianna Balda		18b. 1240 Eddy St., Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
LOCATION City or Town State		19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
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. 3/30/99		21c. 1315	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Timothy Gentner, M.D., 1200 N. Mountain St., Carson City, Nevada		22d. ON	
LICENSE NUMBER		22e. AT	
23b. 7494		REGISTRAR	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. March 30, 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) Myeloproliferative Disorder		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
PART II		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
29a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY (Specify)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
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. 145286

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

Date Issued 0489725 MAR 30 1999

State Registrar

[Signature]

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0400PG1774

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

A parcel of land, located in the S1/4 SW1/2 of Section 33, T. 13 N., R. 20 E., M.D.B.&M., in the Town of Gardnerville, Douglas County, Nevada, more particularly described by metes and bounds as follows:

Beginning at the so-called Dittling Monument in the Town of Gardnerville, which bears S. 89°51'10" W., 3972.70 feet from the Southwest corner of said Section 33, proceed N. 10°16'20"W., 748.46 feet, to a point which is the most Easterly of Schacht Lot No. 1; thence S.45°57'W., 46.30 feet, along the Northerly right-of-way line of Eddy Street, to the TRUE POINT OF BEGINNING, which is the most Easterly corner of the parcel; proceed thence S. 45°57'W. 46.30 feet, along the Northerly right-of-way line of Eddy Street, to the most Southerly corner of the parcel, which is at the intersection of the Northerly line of Eddy Street, and the Easterly line of Court Alley; thence N. 45°31'W., 89.00 feet, along the Easterly line of Court Alley to the most Westerly corner of the parcel; thence N. 46°09' E., 46.30 feet, to the most Northerly corner of the parcel; thence S. 45°31' E., 88.83 feet, along the boundary between Schacht Lot No. 1 and Schacht Lot No. 2, to the TRUE POINT OF BEGINNING.

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

2000 APR 11 PM 4: 10

LINDA SLATER
RECORDER

\$ ^{9.00} PAID *KJ* DEPUTY

STEWART TITLE
Guaranty Company

0489725

BK0400PG1775