

✓
1 APN: 1320-29-115-015
When recorded return to:
2 ANDREW MacKENZIE, ESQ.
P.O. Box 646
3 Carson City, NV 89702

Affiant's Address:
JOAN R. ABRAHAMSON
1767 Iris Court
Minden, NV 89423

4
5 AFFIDAVIT OF SURVIVORSHIP

6 STATE OF NEVADA)
: ss.
7 CARSON CITY)

8 JOAN R. ABRAHAMSON does hereby subscribe and swear under penalty of perjury
9 that the following assertions are true:

10 1. That RAY S. ABRAHAMSON was a grantee in that certain Deed dated
11 November 10, 1998, wherein JOSEPH ROBERT NUNES and SANDRA L. NUNES, are the
12 grantors, and RAY S. ABRAHAMSON and JOAN R. ABRAHAMSON, husband and wife, as
13 community property with right of survivorship, are the grantees, conveying to said grantees that
14 certain lot, piece or parcel of land situate in the county of Douglas, state of Nevada, and more
15 particularly described as follows:

16 (See Exhibit "A" attached hereto and incorporated herein by this
17 reference.)

18 That the said Deed was recorded on November 20, 1998, in the Official
19 Records of Douglas County, state of Nevada, as Document No. 454661.

20 2. That RAY S. ABRAHAMSON, also known as RAY SEIBERT
21 ABRAHAMSON, one of the grantees in said Deed, died on May 25, 1999, in the county of Douglas,
22 state of Nevada, and is the identical person named in that certified copy of death certificate attached
23 hereto as Exhibit "B" and incorporated herein by this reference.

24 3. That the affiant is the surviving spouse of the decedent and is the surviving
25 joint tenant.

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27 ///
28 ///

ALLISON, MacKENZIE, HARTMAN, SOUMBENOTIS & RUSSELL, LTD.
402 North Division Street, P. O. Box 646, Carson City, NV 89702
Telephone: (775) 687-0202 Fax: (775) 882-7918

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4. That this affidavit is executed pursuant to NRS 111.365.

DATED on July 5, 2000.

Joan R. Abrahamson
JOAN R. ABRAHAMSON

On July 5, 2000, personally appeared before me, a notary public, JOAN R. ABRAHAMSON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

Patricia J. Ebbe
NOTARY PUBLIC



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EXHIBIT "A"

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All that certain parcel of real property situate in the county of Douglas, state of Nevada, more particularly described as follows:

Lot 257, as shown on Official Map of Winhaven Unit No. 4, Phase A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, state of Nevada, on August 19, 1993, in Book 893, Page 38998, as Document No. 315526.

Being Assessor's Parcel Number 1320-29-115-015.

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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

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	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Ray Seibert ABRAHAMSON		2. May 25, 1999	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Minden		3c. 1767 Iris Court	3e. 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)
5. White		6.	7a. 65
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Minnesota		9b. U.S.A.	10. 18
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 7669		14a. Industrial Engineer	14b. Food Industry
RESIDENCE—CITY, TOWN OR LOCATION	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Minden	15d. 1767 Iris Court
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Seibert Abrahamson		17. Margaret Anderson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Joan Abrahamson - Wife		18b. 1767 Iris Court, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>Jimmy Benson</i>		20b. 9	20c. 1478 Fourth Street, Minden, Nevada 89423
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	
21b. 5/25/99		21c. 0325	
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. Dr. R. Yamamoto, 604 W. Washington St., Carson City, NV 89703		22c.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <i>Christine Karse</i>		24b. 5-28-1999	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) <i>Pancreatic Cancer</i>		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	
PART II 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)
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.



STATE REGISTRAR 0499253

No. 145252

Yvonne Sylva

BK0900PG1848

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: MAY 28 1999

COPY

REQUESTED BY
Allison MacKenzie Hartman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 SEP 13 AM 9: 28

LINDA SLATER
RECORDER

\$ 11.00 PAID NB DEPUTY

0499253

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