

A.P.N. 39-040-26

83671-86

WHEN RECORDED MAIL TO:
JEANETTE L. CHRIS:TENSEN
348 2ND STREET
SOLVANG, CA 93463

APN 39-040-26

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF)

JEANETTE L. CHRISTENSEN being first duly sworn, deposes and

says:

That Affiant is the surviving spouse of CHARLES CHRISTENSEN
and that the Affiant and the said CHARLES CHRISTENSEN, deceased
are the Grantees in Joint Tenancy under that certain ~~Joint Tenancy~~ ^{GRANT} Deed
dated the 13 day of AUGUST 1985 under the terms of which
JOSEPH T. BANNER AND FRANK C. BOSLER AND MARY BOSLER
was Seller, to CHARLES CHRISTENSEN AND JEANETTE L. CHRISTENSEN
husband and wife, as Joint Tenants, upon the terms, covenants, and
provisions as set forth therein, said document recorded AUGUST 28
1985 in Book 885 Page 2749 being Document No. 122181
of the Official Records in DOUGLAS County, Nevada, affecting all that
certain piece or parcel of land, situate in the County of Douglas, State
of Nevada.

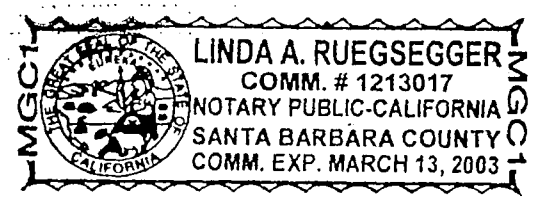
PARCEL 22 AS SET FORTH ON DIVISION OF LAND MAP FOR THE ESTAE OF JOSEPH
T. BANNER AND FRANK C. BOSLER, FILED IN THE OFFICE OF THE COUNTY
RECORDER OF DOUGLAS COUNTY, NEVADA, ON JANUARY 18, 1984, AS FILE NO.
94344.

That the said CHARLES CHRISTENSEN one of the Grantees on
the Joint Tenancy Deed, died on the 11th day of AUGUST
1998 in SANTA BARBARA COUNTY, CA and is the identical person
named in the Certificate of Death. That all interest in and to said real
property hereinabove described, vested absolutely in Affiant as of the
date of decedent's death.

SUBSCRIBED AND SWORN TO BEFORE
me this 28th day of
September 192000

Jeanette L. Christensen
JEANETTE L., CHRISTENSEN

Linda A. Ruegsegger
NOTARY PUBLIC



0500611
BK 1000P60236

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
HEALTH CARE SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) CHARLES		2. MIDDLE CROMWELL		3. LAST (FAMILY) CHRISTENSEN					
	4. DATE OF BIRTH M/M/DD/CCYY 06/01/1925		5. AGE YRS. 73		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 08/11/1998			
	9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 1893		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MRD			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self employed					
USUAL RESIDENCE	17. OCCUPATION Plastering Contractor		18. KIND OF BUSINESS Plastering		19. YEARS IN OCCUPATION 35					
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 348 2nd Street									
	21. CITY Solvang		22. COUNTY Santa Barbara		23. ZIP CODE 93463	24. YRS IN COUNTY 72	25. STATE OR FOREIGN COUNTRY CA			
INFORMANT	26. NAME, RELATIONSHIP Jeanette Christensen, Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 348 2nd St Solvang, CA 93463						
	28. NAME OF SURVIVING SPOUSE—FIRST Jeanette		29. MIDDLE Lorraine		30. LAST (MAIDEN NAME) Johnson					
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Anton		32. MIDDLE W.		33. LAST Christensen		34. BIRTH STATE Denmark			
	35. NAME OF MOTHER—FIRST Florence		36. MIDDLE -		37. LAST (MAIDEN) Simpson		38. BIRTH STATE MI			
DISPOSITION(S)	39. DATE M/M/DD/CCYY 08/13/1998		40. PLACE OF FINAL DISPOSITION RES 348 2nd St Solvang, CA 93463							
	41. TYPE OF DISPOSITION(S) CR RES		42. SIGNATURE OF EMBALMER not embalmed			43. LICENSE NO.				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR Loper Funeral Chapel		45. LICENSE NO. 1294		46. SIGNATURE OF REGISTRAR <i>Ellis Schubert</i>		47. DATE M/M/DD/CCYY 08/13/1998			
	101. PLACE OF DEATH Santa Barbara Cottage Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Santa Barbara			
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) Pueblo/Bath Street					106. CITY Santa Barbara				
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)									
CAUSE OF DEATH	IMMEDIATE CAUSE (A) Cardiopulmonary Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH 30 mins		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input type="checkbox"/> NO					
	DUE TO (B) Pulmonary Embolism		6 days		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	DUE TO (C) Lung Carcinoma		2 yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Pleura Effusion										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Lung Biopsy 1997										
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 08/06/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>Philip F. Michael</i>		116. LICENSE NO. G51239	117. DATE M/M/DD/CCYY 08/12/1998				
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Philip F. Michael, MD 317 W Pueblo Santa Barbara, CA 93101		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	122. HOUR	123. PLACE OF INJURY			
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

54778

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS DATE ISSUED **AUG 13 1998**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Health Care Services, County of Santa Barbara, California.

0500611

Ellis Schubert
HEALTH OFFICER
HEALTH CARE SERVICES
COUNTY OF SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared by a duly authorized person and signed by Registrar.

BK 1000P60237

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 OCT -2 PM 3:54

LINDA SLATER
RECORDER

\$ 9.00 PAID *D* DEPUTY

0500611
BK 1000PG0238