

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

ESCROW NO. 000801390  
A.P.N. # 1220-10-310-006

MRS. CORNELSEN  
P.O. 578  
GARDNERVILLE, NV 89410

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA                    }  
  } ss.  
COUNTY OF DOUGLAS           }

E. PATRICIA CORNELSEN, of legal age, being first duly sworn, deposes and says:  
That ARLYSS W. CORNELSEN, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as ARLYSS W. CORNELSEN  
named as one of the parties in that certain DEED dated July 29, 1974  
executed by IRA L. MILLER JR., AND DORIS MILLER  
to ARLYSS W. CORNELSEN AND E. PATRICIA CORNELSEN, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 06116, on January 13, 1977  
in Book 177, Page 523, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

Lot 31, COUNTRY CLUB ESTATES, as shown on the official map  
recorded in the office of the County Recorder of Douglas County,  
Nevada, on July 17, 1967, in Book 1 of Maps and Document No.  
37147.

Assessors Parcel No. 1220-10-310-006

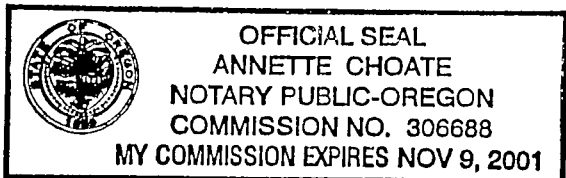
DATE: August 23, 2000

*E. Patricia Cornelsen*  
\_\_\_\_\_  
E. PATRICIA CORNELSEN

STATE OF Oregon                   }  
  } ss.  
COUNTY OF Washington       }

This instrument was acknowledged before me on 10/4/00,  
by E. PATRICIA CORNELSEN

\_\_\_\_\_  
Signature *Annette Choate*  
Notary Public



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY  
HEALTH DEPARTMENT  
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3 1999 09 000657

STATE OF CALIFORNIA  
STATE FILE NUMBER: \_\_\_\_\_ USE BLACK INK ONLY, NO ERASURES, WHITEOUTS OR ALTERATIONS  
LOCAL REGISTRATION NUMBER: \_\_\_\_\_

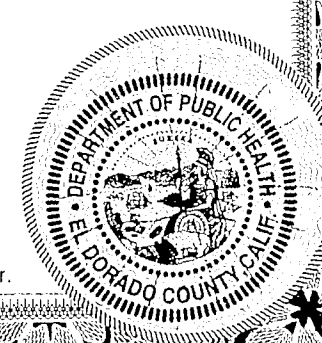
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) ARLYSS		2. MIDDLE WILBUR		3. LAST (FAMILY) CORNELSEN	
	4. DATE OF BIRTH M/M/DD/C/YY 12/17/1915		5. AGE YRS. 83		6. SEX M	
	7. DATE OF DEATH M/M/DD/C/YY 08/30/1999		8. HOUR 1118		9. STATE OF BIRTH KS	
	10. SOCIAL SECURITY NO. [REDACTED] 0669		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
USUAL RESIDENCE	13. EDUCATION—YEARS COMPLETED 16		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	16. USUAL EMPLOYER Bank of America		17. OCCUPATION Manager		18. KIND OF BUSINESS Banking	
	19. YEARS IN OCCUPATION 44		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1460 Glenwood Dr.		21. CITY Gardnerville	
INFORMANT	22. COUNTY Douglas		23. ZIP CODE 89410		24. YRS IN COUNTY 25	
	25. STATE OR FOREIGN COUNTRY Nevada		26. NAME, RELATIONSHIP Patricia E. Cornelsen - Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1460 Glenwood Dr., Gardnerville, NV 89410	
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST Patricia		29. MIDDLE Edra		30. LAST (MAIDEN NAME) Bloominger	
	31. NAME OF FATHER—FIRST David		32. MIDDLE Allen		33. LAST Cornelsen	
	34. BIRTH STATE Russia		35. NAME OF MOTHER—FIRST Aganetta		36. MIDDLE -	
DISPOSITION(S)	37. LAST (MAIDEN) Nikkel		38. BIRTH STATE Unk.		39. DATE M/M/DD/C/YY 09/12/1999	
	40. PLACE OF FINAL DISPOSITION South Mennonite Cemetery, Fairview, OK		41. TYPE OF DISPOSITION(S) TB/BU		42. SIGNATURE OF EMBALMER <i>Timothy A. Bennett</i>	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	43. LICENSE NO. 7872		44. NAME OF FUNERAL DIRECTOR McFarlane Mortuary		45. LICENSE NO. FD-1180	
	46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/C/YY 09/01/1999		48. SIGNATURE OF LOCAL REGISTRAR	
PLACE OF DEATH	101. PLACE OF DEATH Barton Memorial 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 El Dorado		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4th and South Ave.		106. CITY So. Lake Tahoe	
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Wks		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) PERFORATED DUODENAL ULCER		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (B)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Dementia; Aortic Stenosis	
	DUE TO (C)		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Diagnostic Laparoscopy, Laparotomy with Bilioth II, Laparoscopic Cholecystectomy 07/24/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
PHYSICIAN'S CERTIFICATION	116. LICENSE NO. G19546		117. DATE M/M/DD/C/YY 09/01/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Gary H. Cooper, MD, P.O. Box 19392, So. Lake Tahoe, CA 96151	
	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		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY	
CORONER'S USE ONLY	122. HOUR		123. PLACE OF INJURY		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 M/M/DD/C/YY	
STATE REGISTRAR	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. # 7669		130. CENSUS TRACT	
	A		B		C	

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SEAL

45553  
CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO  
This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.  
DATE ISSUED 09/17/1999  
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

*Stephen G. Drogina*  
STEPHEN G. DROGINA, M.D.  
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

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

2000 OCT 13 AM 10: 55

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID KY DEPUTY

0501307

BK 1000PG2290