A.P. No. 0000-13-292-010 Escrow No. 2001-41913-KK

	WHEN RECORDED MAIL TO: Stacy Hargrove, 840 Ladino PL.W,
	Harrisburg, OR 97446
	AFFIDAVIT – DEATH OF JOINT TENANT
	마이스 보고 있는 것으로 가는 하지 않는 것이 되었다. 그는 사람들이 되고 있다고 있는 것이 하는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 말했다. 그런 
	The undersigned being first duly sworn, deposes and says:
	That NEAL JAY CHRISTOPHERSON, decedent mentioned in the attached certified copy of Certificate
	of Death, is the same person as NEAL CHRISTOPHERSON named as one of the parties in that certain Neal Christopherson, a married man, as his sole and
her so	Grant Deed dated 3/23/01, executed by separate property; Rick Cordero, husband of Grantee and Todd Hargrove, husband of the Neal Christopherson, a married man as his sole and Grantee to separate property; Kristy Cordero, a married woman, as ole and separate property and Stacy Hargrove, a ed woman as her sole and separate property all as joint tenants, recorded as Instrument
mar i i	No. 0471317 on June 29, 1999 in book 0699 page 5978 of Official Records
	of Douglas County, Nevada, covering the following described property situated in the City of Carson
	City, County of Douglas, State of Nevada:
	Lot 6 in Block D, as shown on the Final Map #1007-3 of VALLEY VISTA ESTATES, PHASE 2 recorded in the office of the Douglas County Recorder, State of Nevada, on August 29, 1997, in Book 897, at Page 6072, as Document No.420670, Official Records.
	Dated 3/22/01
1	Stacy Hargrove
	2001
\	Subscribed and sworn to before me this 22 rdday of Warch, 2000 A
/	By Stacy Hargrove
	Lie Waley
•	Notarial Officer My commission expires May 15, 2004 State of Oregon
	O seed 1 / O OFFICIAL SEAL
	LISA WORLEY NOTARY PUBLIC-OREGON

COMMISSION NO. 331929 MY COMMISSION EXPIRES MAY 15, 2004

0511338 BK0301PG7920

## 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

			CERTIFICATE OF D		
	LOCAL FILE NUMBER			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
YPE PRINT	DECEASED—NAME First	Middle		<sup>2</sup> February 19, 200	)1   3a Carson City
IN IANENT	ı. Neal	Jay	CHRISTOPHERSON INSTITUTION—Name (If not either, give		
CK INK	CITY, TOWN OR LOCATION OF DEATH	is to the last of the first and the bloom's.	기계하다 그 하면서 그 사이 작은 그렇게 다니다.	Rm. Inpatient (Specif)	' Male
DENT	зь. Carson City	3c. 3336 UO	1oma Dr.  in? Specify □ yes <b>™</b> no If yes.   AGE—L	ast   UNDER 1 YEAR   UNDER 1 C	
1/2/1		经保险帐间 经工作 医眼球 医乳 医自己性神经 医乳腺管膜 化二十二烷		(Years) MOS DAYS HOURS M	**   8 August 13, 193
	5. White (	6. CITIZEN OF WHAT COUN-	Decedent's Education. Specify higher		SURVIVING SPOUSE (If wife, give maiden name
DEATH JRRED IN	(If not U.S.A., name country)	TRY 9b. U.S.A.	grade completed.	(Specify) Married	12 Linda Seamster
ANDBOOK	9a. INOTI LOTTO SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv Working Life, Even if Retire	ve Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
LETION OF NCE ITEMS	13. 5941	14a. Machi	ne operator	14b. Aircraft	INSIDE CITY LIMITS
CM311 30/1	RESIDCOUN	īΤΥ	CITY, TOWN, OR LOCATION	STREET AND NUMBER	(Specify Yes or No)
<b>└→</b> [	15a. Nevada 15b.	Carson City	15c. Carson City	15d. 3336 Colomo	A DY . 15e.  Middle Last
	FATHER—NAME First	Middle		Pauline	Regnier _
ENTS	16. Frank	Chri	stopherson 17.	(Street or R.F.D. No., City or Town	
	INFORMANT—NAME (Type or Print)			a Dr., Carson City,	그 가는 물이 되는 그 그 생년은 것 같아. 그 나가 되었
	18a. Linda Christoph BURIAL, CREMATION, REMOVAL, OTHE		RY OR CREMATORY—NAME	LOCATION	City or Town State
	아이지는 그리와 동물통하는 이번에 있다.		alton's Sierra Cre	matory 190 Car	son City, Nevada
OSITION	19a. Cremation  FUNERAL DIRECTOR—SIGNATURE	FUNERAL	L DIRECTOR NAME AND ADDRESS O	FFACILITY Walton's Chape	1 of the Valley
	(Or Person Acting as Such)	LIGENSE 20b.	NUMBER 20c. 1281 N.	Roon St Carson C	ity. Nevada 89/06
Ļ	z 21a. To the best of my knowledge,			22a. On the basis of examination and/or i	nvestigation, in my opinion death occurred to the cause(s) and manner stated.
	Lue to the cause(s) stated.	Tall/16	( no )	(Signature and Title)	
	(Signature and Title)  DATE SIGNED (Mo., Day, Yr.	HOUR OF D		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
		) / 21c.		ë 22b.	PRONOUNCED DEAD (Hour)
TIFIER	A Date of the cause(s) stated:  (Signature and Title)  DATE SIGNED (Mo., Day, Yr.  POLY  ONL  ONL  ONL  ONL  ONL  ONL  ONL	SICIAN IF OTHER THAN CER	TIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PHONODINGED DEAD (1708)
	유표 8 21d.			22d. ON	22e. AT LICENSE NUMBER
- v	NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINE	R, OR COHONEH). (Type of Pillin.)	7445
Į	23a ETERS, CL	ARK, U.D. 633 1	N. ARLINGTUN AVE. #21	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
IDITIONS	REGISTRAR		DATE RECEIVED BY	7 7 11/2 1 24c. YES	1
E ANY CH GAVE	24a. (Signature)	Karpin	24b f.; /i. 5	(1) (1) (24)	• Interval between onset and death
ISE TO MEDIATE CAUSE [	25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LINE			ZYEONES
TING THE DERLYING	PART (a) Cいの ST	100	+AILURY		Interval between onset and death
ISE LAST	DUE TO, OR AS A CON	<b>A</b>			: 2 years
	(b) SLADDER				• Interval between onset and death
-/-	DUE TO, OR AS A COM	ISEQUENCE OF			
USE OF	(c)	IDITIONS—Conditions contribut	ling to death but not resulting in the underl	ying cause given in Part 1. AUTOPSY	(Specify   WAS CASE REFERRED TO CORONER (Specify Yes or No)
EATH	PART OTHER SIGNIFICANT CON			26. No	27. Yes
	ACC., SUICIDE, HOM., UNDET., DA	TE OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCRIBE HO	W INJURY OCCURRED	
	OR PENDING INVEST. (Specify) 28b		.8c. M 28d.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	233.	ACE OF INJURY—At home, fa	rm, street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	T SERVICE TO THE SERV	building, etc.	(ъреспу)		
1	A No		28g.		
	F No) 281		28g.		No177339
	A No		28g.		No.177339

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

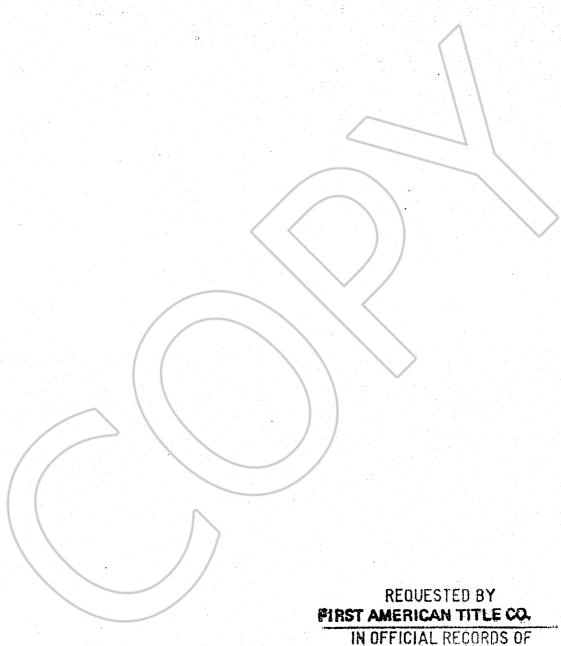
Date Issued:

0511338

FEB 2 3 2001

State Registrar

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0511338 BK 030 1 PG 7922 IN OFFICIAL RECORDS OF DOUGLAS CO., HEVADA

2001 MAR 30 AM 9: 30

LINDA SLATER RECORDER PAID DEPUTY