

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

ESCROW NO. 010101364
A.P.N. # 1420-07-813-012

MR. MELVIN KLEMP
9604 Grand Isle Lane
Las Vegas, Nevada 89134

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

MELVIN W. KLEMP, of legal age, being first duly sworn, deposes and says:
That PHYLLIS ARLENE KLEMP, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as PHYLLIS A. KLEMP
named as one of the parties in that certain GRANT DEED dated June 3, 1999
executed by RANDALL S. HARRIS, PRESIDENT FOR H & S CONSTRUCTION
to Melvin W. Klemp and Phyllis A. Klemp, Husband and wife
as joint tenants, recorded as Instrument No. 0470045, on June 10, 1999
in Book 0699, Page 2358, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

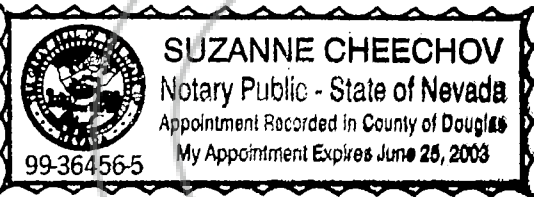
Lot 10, in Block Q, of the final map of SUNRIDGE HEIGHTS, PHASES
6B, 7A and 8B, a Planned Unit Development, filed for record in
the office of the County Recorder of Douglas County, State of
Nevada, on January 30, 1996, as Document No. 380052, and
Certificate of Amendment recorded February 2, 1996, as Document
No. 380351.

Assessor's Parcel No. 1420-07-813-012

DATE: June 01, 2001

Melvin W. Klemp

MELVIN W. KLEMP



STATE OF Nevada }
 } ss.
COUNTY OF Douglas }

This instrument was acknowledged before me on 6/14/2001
by, MELVIN W. KLEMP

Signature Suzanne Cheechov

Notary Public

0516499

BK0601PG3917

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. Phyllis Arlene KLEMP | | 2. January 12, 2001 | 3a. Carson City |
| 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. Carson City | | 3c. Carson Tahoe Hospital | 3e. Inpatient |
| 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. 74 |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. |
| 9a. Wisconsin | | 9b. U.S.A. | 10. 12 |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY |
| 13. 5592 | | 14a. Sales Clerk | 14b. Retail |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER |
| 15a. Nevada | 15b. Douglas | 15c. Carson City | 15d. 988 Hilltop Drive |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| 16. Thomas Hansen | | 17. Christine Madson | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Melvin Klemp | | 18b. 988 Hilltop Drive, Carson City, Nevada 89701 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State |
| 19a. Burial | | 19b. Walton's Carson Gardens | 19c. Carson City, Nevada |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | NAME AND ADDRESS OF FACILITY |
| 20a. <i>Jimmy Benham</i> | | 20b. 9 | 20c. 1281 N. Roop St., Carson City, Nevada 89706 |
| 21. 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) <i>John P. Kelly, MD</i> | | (Signature and Title) <i>[Signature]</i> | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | |
| 21b. 1/15/01 | | 21c. 0520 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. | | 22d. ON | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Dr. J. Kelly, 550 W. Washington St., Carson City, Nevada 89703 | | 23b. 6376 | |
| REGISTRAR | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24a. (Signature) <i>Vera K. Kachmar</i> | 24b. Jan. 17, 2001 | 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) Septic | | : 2 days | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | 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. | 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

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

Date Issued: **JAN 17 2001 0516499**

Gyenne Sylvia

State Registrar

No.177215

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2001 JUN 15 PM 3: 32

0516499

LINDA SLATER
RECORDER

BK0601PG3919

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