

A.P.N. # 1220-22-110-073  
ESCROW NO. \_\_\_\_\_

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

AND MAIL TAXES TO:

✓ HELEN E. SWENSON  
1458 TYNDALL WAY  
GARDNERVILLE, NV 89410

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA            }  
  } ss.  
COUNTY OF DOUGLAS        }

HELEN E. SWENSON, of legal age, being first duly sworn, deposes and says:  
That CHARLES T. SWENSON, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as CHARLES T. SWENSON  
named as one of the parties in that certain DEED dated November 12, 1993  
executed by WEST RIDGE DEVELOPMENT AND CONTRUCTION, INC.  
to CHARLES T. SWENSON and HELEN E. SWENSON, husband and wife  
as joint tenants, recorded as Instrument No. 322618, on November 15, 1993  
in Book 1193, Page 2897, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

LOT 131, as shown on the official map of Gardnerville Ranchos  
Unit No. 5, filed for record on November 4, 1970, in the office  
of the County Recorder of Douglas County, Nevada, as Document  
No. 50056.

DATE: August 01, 2001



*Helen E. Swenson*  
HELEN E. SWENSON

STATE OF Nevada            }  
  } ss.  
COUNTY OF DOUGLAS        }

This instrument was acknowledged before me on August 01, 2001  
by, HELEN E. SWENSON

Signature Arlene E. Lauer  
Notary Public

0519929

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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

STATE FILE NUMBER

COUNTY OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Charles T. SWENSON		2. March 22, 2001		3a. Carson City		3b. 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)		SEX	
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. 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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 77		8. Feb. 3, 1924	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Minnesota		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ██████████ 8239		14a. Chief Maintenance Engineer		14b. Retail			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1458 Tyndall Way	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. Linus Swenson		17. Beryl Harwood		15e. Yes			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Helen E. Swenson		18b. 1458 Tyndall Way, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal/Burial		19b. Eternal Valley Memorial Park		19c. Newhall, California			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410			
21a. <i>[Signature]</i>		21b. 3-22-01		21c. 0910		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.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. Robert McDonald, M.D., 710 W. Washington St., Carson City, NV.		21e. 0910		22b. 3-22-01		22c. 0910	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
23a. Robert McDonald, M.D., 710 W. Washington St., Carson City, NV.		23b. 6433		24a. <i>[Signature]</i>		24b. March 23, 2001	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. March 23, 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).)		PART I		Interval between onset and death			
(a) <i>Respiratory Failure</i>		(a)		: weeks			
(b) <i>Pneumonia</i>		(b)		: weeks			
(c) <i>Acute Respiratory Distress Syndrome</i>		(c)		: weeks			
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. No		26. No		27. No	
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.		28g.	

No. 183036

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:

0519929 MAR 23 2001

State Registrar

*[Signature]*

WARNING: IT IS ILLEGAL TO ALTER OR OBTAIN THIS DOCUMENT

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COPY

REQUESTED BY  
*Aileen E. Swenson*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 AUG -3 PM 2: 53

LINDA SLATER  
RECORDER

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