

16  
APN: 35-020-02

1220-15-000-002

# AFFIDAVIT - DEATH OF JOINT TENANT

JANET M. MONSON, of legal age, being first duly sworn, deposes and says:

That KARL L. MONSON, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as KARL L. MONSON

named as one of the parties in that certain GRANT DEED dated 09-01-98

executed by RICHARD ALLEN KELTER AND DIANA SUE KELTER

to KARL L. MONSON AND JANET M. MONSON, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

as joint tenants, recorded as Instrument No. 0449557, on 09-16-98, in

Book 0998, Page 3184, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the \_\_\_\_\_

\_\_\_\_\_, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel No. 2, as set forth on Parcel Map 8 for STODDARD JACOBSEN, being a portion of the Northwest 1/4 of Section 15, Township 12 North, Range 21 East, M.D.B.&M., filed for record September 23, 1977, in Book 977, Page 1368, Document No. 13277, Official Records of Douglas County, State of Nevada.

ASSESSOR'S PARCEL NO. 35-320-02

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \_\_\_\_\_.

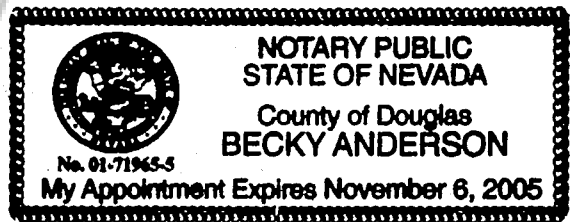
Dated 02-01-02

STATE OF NEVADA  
COUNTY OF Douglas

} s.s. Janet M Monson  
JANET M. MONSON

This instrument was acknowledged before me on  
2-1-02  
by Janet M. Monson

Becky Anderson  
Notary Public



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE

### RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO  
Name JANET MONSON  
Street Address 2626 BLUEBIRD WAY  
City, State Zip GARDNERVILLE NV 89410

0533758

06791802/01/02

BK0202PG0095

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 105 IMAGE 911  
LOCAL FILE NUMBER

190

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last <b>Karl L. MONSON</b>		DATE OF DEATH (Month, Day, Year) <b>2 January 22, 2002</b>		COUNTY OF DEATH <b>3a. Washoe</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Veterans Affairs Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) <b>62</b>	7b. UNDER 1 YEAR MOS : DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Wisconsin</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. Decedent's Education. Specify highest grade completed. <b>16+</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
12. SOCIAL SECURITY NUMBER <b>2643</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Labor Negotiator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>School District</b>
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
16. FATHER—NAME First Middle Last <b>Malvin Monson</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Verna Limoseth</b>		
18a. INFORMANT—NAME (Type or Print) <b>Janet M. Monson</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2626 Bluebird Way, Gardnerville, NV 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada</b>
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Carol D. Higgins</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>20</b>	20c. NAME AND ADDRESS OF FACILITY <b>Reno Memorial 253 E. Arroyo, Reno, NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Wan Y. Lee MD</i>		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>Wan Y. Lee MD</i>		
21b. DATE SIGNED (Mo., Day, Yr.) <b>JAN. 24, 2002</b>		21c. HOUR OF DEATH <b>1411</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		
21d.		22c. HOUR OF DEATH		
21d.		22d. ON		
21d.		22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>WON Y. LEE, 1000 LOCUST STREET, RENO, NEVADA 89502</b>				23b. LICENSE NUMBER <b>11 1263</b>
24a. REGISTRAR (Signature) <i>Jandi Bridges</i> Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>January 25, 2002</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE 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 (a) <b>END-STAGE LIVER DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF:				
PART I (b) <b>ACUTE RENAL FAILURE (HEPATORENAL FAILURE)</b> DUE TO, OR AS A CONSEQUENCE OF:				
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>ALCOHOLIC CIRRHOSIS OF LIVER</b>				
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo., Day, Yr.)	28. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
28a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28b. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 214410

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

0533758 *Barbara Lee Hunt*  
Deputy Registrar:

Date: **JAN 29 2002**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0202PG0096

COPY

REQUESTED BY  
Janet Monson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB -1 AM 10: 13

LINDA SLATER  
RECORDER

5/6 PAID K2 DEPUTY

0533758  
BK0202PG0097