

16

A.P.N. # 1318-15-610-041
ESCROW NO. _____

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

BUD COHEN
PO Box 497
Zephyr Cove NV 89448

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

BUD COHEN, of legal age, being first duly sworn, deposes and says:
That RHODA L. COHEN, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as RHODA LENORE COHEN
named as one of the parties in that certain GRANT BARGAIN AND SALE dated 5-21-97
executed by IRVING P. STEFFEN AND NORMA A. STEFFEN
to BUD COHEN AND RHODA L. COHEN
as joint tenants, recorded as Instrument No. 416081, on 6-27-97
in Book 0697, Page 5716, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Bud Cohen

BUD COHEN.

DATE: 8-30-02

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }

This instrument was acknowledged before me on 8-30-02,
by, Bud Cohen

Signature Mary Ann Wenner
Notary Public



0551218

BK 0902 PG 00005

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 108 IMAGE 20

1980

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Rhoda Lenore COHEN			DATE OF DEATH (Month, Day, Year) 2. August 10, 2002		COUNTY OF DEATH 3a. Washoe						
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Female					
	FACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 78		UNDER 1 YEAR MOS : DAYS 7b. :		UNDER 1 DAY HOURS : MINS 7c. :		DATE OF BIRTH (Mo., Day, Yr.) 8. January 29, 1924	
	STATE OF BIRTH (If not U.S.A., name country) 9a. Michigan		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Bud Cohen			
SOCIAL SECURITY NUMBER 13. ██████████ 3316		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Self Employed		KIND OF BUSINESS OR INDUSTRY 14b. Consulting Engineering Firm								
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Zephyr Cove		STREET AND NUMBER 15d. 307 Paiute Drive		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes				
PARENTS	FATHER—NAME First Middle Last 16. Harry Cohen			MOTHER—MAIDEN NAME First Middle Last 17. Rose Salinsky								
	INFORMANT—NAME (Type or Print) 18a. Bud Cohen			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. Box 497, Zephyr Cove, Nevada, 89448								
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks, Nevada							
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Carol A. Haggan</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20		NAME AND ADDRESS OF FACILITY 20c. Neptune Society of Nevada, 5401 Longley Lane, Suite 11, Reno, NV 89511							
CERTIFIER	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>Michael J. Newmark, M.D.</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>Michael J. Newmark, M.D.</i>								
	DATE SIGNED (Mo., Day, Yr.) 21b. 8/12/02		HOUR OF DEATH 21c. 0841		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.					
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT					
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Michael J. Newmark, M.D., 75 Pringle #401 Reno, NV 89502				LICENSE NUMBER 23b. 3278							
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>Andy Anthony</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 13, 2002		DEATH DUE TO COMMUNICABLE DISEASE 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) <i>Consciousness Shock</i>		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
	(b) <i>Acute Anterior MI</i>		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(c) <i>ASITD</i>		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. <i>Low potassium and acidosis</i>		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes								
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.						
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN		STATE		

STATE REGISTRAR

No. 223443

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

Barbara Lee Hunt

Deputy Registrar:

Date:

AUG 22 2002

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0902 PG 00006

551218

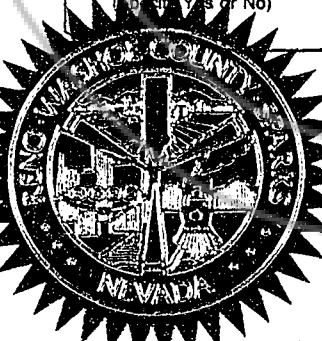


EXHIBIT "A"

R.P.T.T. 279.50
FULL VALUE

ESCROW NO. 97020893

GRANT, BARGAIN and SALE DEED

THIS INDENTURE WITNESSETH: That IRVING P. STEFFEN AND NORMA A. STEFFEN, HUSBAND AND WIFE

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to BUD COHEN AND RHODA L. COHEN, husband and wife as joint tenants with right of survivorship

and to the heirs and assigns of such Grantee forever, all that real property situated in the unincorporated area County of DOUGLAS State of Nevada, bounded and described as follows: LOT 6, IN BLOCK D, AS SHOWN ON THE MAP ENTITLED ROUND HILL VILLAGE UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 24, 1965, AS DOCUMENT NO. 30185. APN: 05-333-06

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: May 21, 1997

Irving P. Steffen
IRVING P. STEFFEN

Norma A. Steffen
NORMA A. STEFFEN

STATE OF Nevada }
COUNTY OF DOUGLAS } ss.



This instrument was acknowledged before me on May 29, 1997
by IRVING P. STEFFEN and NORMA A. STEFFEN

(This area above for official notarial seal)

Signature *[Signature]*
Notary Public

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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

'97 JUN 27 P2:16

BUD COHEN
2101/SECRETIVE/DRIVE #213/
ALAMEDA, CA 94501

MAIL TAX STATEMENTS TO:
SAME AS LEFT
P.O. Box 497
ZEPHYR COVE, NV 89448

LINDA SLATER
RECORDER
\$7.00 PAID *ks* DEPUTY

BK0697PG5716

REQUESTED BY
Bud Cohen
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 SEP -3 AM 8:36

LINDA SLATER
RECORDER

\$16 PAID *ks* DEPUTY

0551218

BK0902PG00007