

AFFIDAVIT - DEATH OF JOINT TENANT

FRED V. SPINDLER, of legal age, being first duly sworn, deposes and says:

That CATHERINE R. SPINDLER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CATHERINE R. SPINDLER

named as one of the parties in that certain GRANT BARGAIN AND SALE DEED dated AUGUST 13, 2001

executed by MARY T. DeANGELIS

to MARY T. DeANGELIS, a widow and FRED V. SPINDLER and CATHERINE R. SPINDLER all as joint tenants with rights of survivorship

as joint tenants, recorded as Instrument No. 520496, on august 13, 2001, in

Book 0801, Page 3127, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the _____

_____, County of DOUGLAS, State of Nevada:

SEE ATTACHED LEGAL

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 SEPT. 5, 2002

STATE OF ~~NEVADA~~ CALIFORNIA
COUNTY OF LOS ANGELES

Fred V Spindler
} FRED V. SPINDLER
S.S. Surviving Joint Tenant

This instrument was acknowledged before me on

SEPT. 5, 2002
by FRED V. SPINDLER

Michael L Manning
Notary Public



(This area for official notarial seal)

Title Order No. DAVE Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO
STEWART TITLE
file # 020808323
Name _____
Street Address _____
City, State Zip _____

0558135

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	
1. Catherine R. SPINDLER		2. July 3, 2002	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 1376 Queen Court	
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.	
5. White		6. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 85		11. Married	
DATE OF BIRTH (Mo., Day, Yr.)		SURVIVING SPOUSE (If wife, give maiden name)	
8. October 25, 1916		12. Fred Spindler	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. New York		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 8958		14a. Clerk	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Gardnerville		15d. 1376 Queen Court	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Frank Guarisco		17. Mary Norton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Fred Spindler - Husband		18b. 1376 Queen Court, Gardnerville, NV 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenrys Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Highway 395, Gardnerville, NV 89410	
20a. <i>[Signature]</i>		20c. 48 FitzHenrys Carson Valley Funeral	
21a. 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>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 7-9-02		21c. 1015	
22b. 7-9-02		22c. 1015	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Karen McDermott, M.D., 790 Willow Street, Reno, NV 89502		22d. ON	
22e. AT		LICENSE NUMBER	
23a. 6450		23b. 6450	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i>		24b. 7-10-2002	
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) decreased unspecified		Interval between onset and death	
(b)		Interval between onset and death	
(c)		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)	
26. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



STATE REGISTRAR

No. 224053

[Signature]
Yvonne Sylva

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

Date Issued:

AUG 12 2002

0558135

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1102PG07504

BK1102 PG 7504

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows:

A portion of the Northwest one-quarter (NW 1/4) of Section 4, Township 12 North, Range 20 East, Mount Diablo Baseline and Meridian, Douglas County, Nevada.

Commencing at the Northwest Corner of Lot 103 as set forth on that certain map of Kingslane Unit No. 1, that was filed for record in the office of the County Recorder of Douglas County, Nevada, on the 26th day of December, 1968, in Book 64, at Page 82, under Document No. 43243, thence South 18°45'27" West, 21.1597 feet, to the POINT OF BEGINNING, thence continuing South 18°45'27" West, 87.6449 feet, thence South 72°15'00" East, 48.4122 feet, thence North 17°50'08" East, 81.91 feet, thence North 00°18'00" West, 20.00 feet, thence South 89°42'00" West, 42.9090 feet to the POINT OF BEGINNING.

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED August 13, 2001, BOOK 0801, PAGE 3127, AS FILE NO. 520496, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA." Assessor's Parcel No. 1220-04-111-039

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

2002 NOV 18 PM 4: 44

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *K2* DEPUTY

SCHEDULE A

CLTA PRELIMINARY REPORT

(12/92)

0558135

BK 1 PG 2 PG 07505

STEWART TITLE

Guaranty Company