

A.P.N. # 1320-32-715-004
ESCROW NO. 020708535

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

CHRISTINE A. HENRICKSEN
P.O. BOX 1078
GARDNERVILLE, NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } SS.
COUNTY OF DOUGLAS }

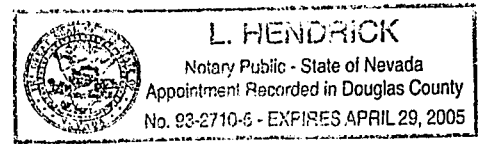
CHRISTINE A. HENRICKSEN, of legal age, being first duly sworn, deposes and says:
That **ERLE F. HENRICKSEN**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **ERLE F. HENRICKSEN**
named as one of the parties in that certain **GRANT DEED** dated **March 01, 1999**
executed by **SHAWN SMYTH**
to **ERLE F. HENRICKSEN AND CHRISTINE A. HENRICKSEN**
as joint tenants, recorded as Instrument No. **0467065**, on **April 30, 1999**
in Book **0499**, Page **6959**, 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

DATE: **December 10, 2002**

Christine A. Henricksen
CHRISTINE A. HENRICKSEN

STATE OF Nevada }
 } SS.
COUNTY OF DOUGLAS }



This instrument was acknowledged before me on 12-11-02
by, **CHRISTINE A. HENRICKSEN**

Signature *[Handwritten Signature]*
Notary Public

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BK 1202 PG 09267

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020708535

Lot 15, Block A, as said Lot and Block are shown on the Map of CENTERTOWNE SUBDIVISION, P.U.D., filed for record in the Office of the County Recorder of Douglas County, Nevada on November 4, 1977, as Document No. 14725, and Certificate of Amendment recorded August 22, 1985, in Book 885, Page 2315, Document No. 121950.

Assessors Parcel No. 1320-32-715-004

COPY

0561528

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3200209

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ERLE		2. MIDDLE FREDRICK		3. LAST (FAMILY) HENRICKSEN			
4. DATE OF BIRTH MM/DD/CCYY 09/19/1934		5. AGE YRS. 67		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 08/05/2002	
8. STATE OF BIRTH AK		9. SECURITY NO. 3597		10. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS MARRIED	
12. EDUCATION—YEARS COMPLETED 16		13. RACE WHITE		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. USUAL EMPLOYER LOS ANGELES COUNTY	
16. OCCUPATION APPRAISER		17. KIND OF BUSINESS REAL ESTATE		18. YEARS IN OCCUPATION 32			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 965 RIVERVIEW DR.							
21. CITY GARDNERVILLE		22. COUNTY DOUGLAS		23. ZIP CODE 89410		24. YRS IN COUNTY 9	
25. STATE OR FOREIGN COUNTRY NEVADA		26. NAME, RELATIONSHIP CHRISTINE A. HENRICKSEN - WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 965 RIVERVIEW DR., GARDNERVILLE, NV 89410				28. NAME OF SURVIVING SPOUSE—FIRST CHRISTINE			
29. MIDDLE A.		30. LAST (MAIDEN NAME) RUMRILL					
31. NAME OF FATHER—FIRST RAYMOND		32. MIDDLE MILTON		33. LAST HENRICKSEN		34. BIRTH STATE NB	
35. NAME OF MOTHER—FIRST CLARA		36. MIDDLE MARGARET		37. LAST (MAIDEN) WHALEN		38. BIRTH STATE MT	
39. DATE MM/DD/CCYY 08/08/2002		40. PLACE OF FINAL DISPOSITION CHRISTINE A. HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV					
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>		47. DATE MM/DD/CCYY 08/06/2002	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH Minutes		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) SEPSIS		Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 COLON CANCER							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 08/05/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Andrew H.K. Tang</i>		116. LICENSE NO. A054689		117. DATE MM/DD/CCYY 08/05/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ANDREW H.K. TANG, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 1268		CENSUS TRACT	

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PW 1202 PG 09269

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 08/12/2002

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



COPY

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

2002 DEC 19 PM 3:45

LINDA SLATER
RECORDER

\$ 17⁵⁰ PAID *kg* DEPUTY

0561528

BK1202PG09270