DOOGTAS COOMIT

APN 1220-04-112-038 (Old APN 0000-25-373-050)

RECORDING REQUESTED BY AND AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle Attorney at Law 1662 Highway 395, Suite 214 Minden, NV 89423

MAIL TAX STATEMENTS TO: CHRISTINE A. HENRICKSEN P.O. Box 1078 Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF SPOUSE AND JOINT OWNER OF COMMUNITY PROPERTY

I, CHRISTINE HENRICKSEN, also known as CHRISTINE A. HENRICKSEN, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as ERLE F. HENRICKSEN, who was my spouse. ERLE F. HENRICKSEN was named with me as one of the joint owners in the deed dated November 15, 1996, executed by DOUGLAS L. LEET and KAREN L. LEET, husband and wife, and granted to ERLE F. HENRICKSEN and CHRISTINE HENRICKSEN, HUSBAND AND WIFE AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP, recorded as Instrument No. 403667 on December 27, 1996, in Book 1296, Page 4351, in the office of the County Recorder, Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

all that real property in the County of DOUGLAS, State of Nevada, being Assessor's Parcel Number 25-373-05, specifically described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 122, as shown on the official map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971, in Book 94, Page 517, as File No. 55958.

APN 1220-04-112-038 (Old APN 0000-25-373-050)

Affidavit of Death of Comm Prop Owner-NV-APN1220-04-112-038.doc Page 1 of 2

0574812 BK0403PG13365 DOUGLAS: GOONT

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.

2.) As a result of the death of my husband ERLE F. HENRICKSEN, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving spouse and community property owner with right of survivorship, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: April 23, 2003.

CHRISTINE HENRICKSEN,

also known as CHRISTINE A. HENRICKSEN

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada

County of Douglas

Signed and Sworn to before me

on April 23, 2003 by CHRISTINE A. HENRICKSEN.

WITNESS my hand and official seal.

NOTARY PUBLIC

NOTARY PUBLIC STATE OF NEVADA

County of Douglas
SUSAN C. HAPPE

No. 02-73453-5
My Appointment Expires February 15, 2006

Affidavit of Death of Comm Prop Owner-NV-APN1220-04-112-038 doc

0574812 BK0403PG13366

EL DORADO COUNTY

HEALTH DEPARTMENT

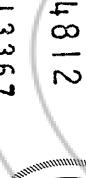
PLACERVILLE, CALIFORNIA

DECEDENT B. WAR AR 10, ACIAL SECURITY WO. 11. HUPANN SERVICE 12. MARTAL STATUS 13. SOURCE PARTY OF THE PARTY	1
A. DATE OF BRITTY WIND DICEYT ON A STAND IT MURICIPE 14 ARE INCREMENT AND THE OWN ON	IBER
ARTICLE VIEW NO. UNIX MARKED 16 WHITE	. ноия 445
WHITE 19. OCCUPATION APPRAISER 10. NIND OF SUBMINEER 11. NIND OF SUBMINEER 20. REGIONNEE STREET AND NUMBER ON LOCATION) 965 RIVERVIEW DR. 21. CITY GARDNERVILLE CHRISTINE A. HENRICKSEN — WIFE 965 RIVERVIEW DR. 22. COUNTY GARDNERVILLE DOUGLAS 23. MINDLE 24. CITY GARDNERVILLE DOUGLAS 25. MALE RELATIONEMIN CHRISTINE A. HENRICKSEN — WIFE 965 RIVERVIEW DR. 26. MARE OF SUMMINEER ON RUMBER ON LOCATION) 965 RIVERVIEW DR. 27. MAILING ADDRESS GENERAL AND NUMBER ON RUMA. ADDRESS. GENERAL GUILT ON REPORT OF SUMMINERS ON RUMA. ADDRESS. GENERAL GUILT ON REPORT OF SUMMINERS ON RUMA. ADDRESS. GENERAL GUILT ON REPORT OF SUMMINERS ON RUMA. ADDRESS. GENERAL GUILT ON REPORT OF SUMMINERS ON RUMA. ADDRESS. GENERAL GUILTON 18. MARE OF SUMMINERS. 28. MARE OF SUMMINERS. 29. MINDLE 29. MINDLE 29. MINDLE 29. MINDLE 31. MARE OF MOTHER—FIRST CLARA A. MANDLE OF FATHER—FIRST DOUGLASS AND MODE 37. LAST UMADDEN MARCARET MARCARET 42. MINDLE 42. MINDLE 37. LAST UMADDEN MARCARET MARCARET MARCARET MARCARET 42. MINDLE 43. MARCH OF FORTH ON RUMA. DESCRIPTION OF SUMMINERS ON RUMA. RU	ARE COMPLETED
APPRAISER 20. MERIDENCE—INTERT AND HUMBER OR LOCATION! 22. COUNTY 22. COUNTY 22. COUNTY 22. COUNTY 23. COUNTY 24. COUNTY 25. STATE OR N 26. MANUE, RELATIONSHIP 27. MALINEA ADDRESS LYMET AND HUMBER OR MORE OR WARLA SOUTH HUMBER, CITY OR T 27. MALINEA ADDRESS LYMET AND HUMBER OR MARKED TO HUMBER OR MARKED THE STORY HANDER SHAPED TO ALL RECIPTORSHIP 28. MANUE OF PATHER—FIRST 29. MANUE OF PATHER—FIRST 29. MANUE OF PATHER—FIRST 29. MIDDLE 30. LAST (MANDER) 20. MANUE OF WARTER—FIRST 20. MANUE OF PATHER—FIRST 21. MIDDLE 32. MIDDLE 33. LAST RAYMOND 33. LAST RAYMOND 34. MANUE OF PATHER—FIRST 36. MIDDLE 37. LAST (MANDER) 38. MANUE OF MOTHER—FIRST 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 39. NOT EMBALMED 30. LOCAL BUSINESTAR 30. DATE M M / DD / C C Y V 40. PLACE OF PINAL DISPOSITION 49. NOT EMBALMED 49. LOCAL BUSINESTAR 49. LOCAL BUSINE	
RESIDENCE SARDNERVILLE DOUGLAS BOATO SARDNERVILLE DOUGLAS BOATO SARDNERVILLE DOUGLAS BOATO CHRISTINE A. HERRICKSEN — WIFE PROBE PARENT RAYMOND S. NAME OF PARHEN-FIRST CLARA MILTON S. NAME OF PARHEN-FIRST A. CARDINORMAN S. NAME OF PARHEN-FIRST S. NAME OF PARHEN-FIRST A. CARDINORMAN S. NAME OF PARHEN-FIRST S. NAME OF PARHEN-FIRST S. NAME OF PARHEN-FIRST S. NAME OF PARHEN S. NAME OF PARHEN-FIRST S. NAME OF PARHEN-FIRST	PATION
INFORMANT CHRISTINE A.HENRICKSEN - WIFE 965 RIVERVIEW DR., GARDNERVILLE, NV 89410 CHRISTINE SPOURE PARENT CHRISTINE SI. NAME OF PATHER—FIRST CLARA RAYMOND SI. NAME OF MOTHER—FIRST CLARA SI. NAME OF PATHER—FIRST SI. NAME OF PATHE	DREIGN COUNTR
28. MARE OF BURNIVING SPOUSE—FIRST CHRISTINE SPOUSE PARENT INFORMATION 31. MARE OF PATTERS—FIRST RAYMOND 32. MIDDLE 32. MIDDLE 33. LAST RUMRILL 34. MILTON HENRICKSEN 37. LAST (MAIDEN) WHALEN 38. MARE OF MOTHER—FIRST CLARA MARGARET WHALEN 39. GATE M M / OD / C C VY 40. PLACE OF FINAL DISPOSITION OS/08/2002 CHRISTINE A. HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV FUNERAL ALI TYPE OF DISPOSITIONIES TR/CR/RES AND MARE OF PUNERAL DIRECTOR AND OS/08/2002 CHRISTINE A. HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV 42. SIGNATURE OF EMBALMER 42. SIGNATURE OF EMBALMER AND FUNERAL DIRECTOR MCFARLANE MORTUARY FD-1180 AND FARE OF OLST HAND OS/06/103. FACILITY OTHER THAN HORPITAL OS. FARE OF OLST HAND OS/06/103. FACILITY OTHER THAN HORPITAL OS. CITY OS. STREET ADDRESS—STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE. 107. GASTE WAS CAUSED BY, JENTER OHLY ONE CAUSE PER LIME FOR A, B, C, AND D) THE HITEMAL AND FOR CAUSE OF THE HITEMAL PROPERTY PER THE HITEMAL PROPERTY PER THE HITEMAL PROPERTY PER CAUSE OF THE HITEMAL PROPERTY PER THE HITE	OWN, STATE, ZIP)
AND DIRECTOR AND STATEMENT AND NUMBER OR FATHER AND NUMBER OR LOCATION) A1. NAME OF PATHER—FIRST DIRECTOR AND LOCATION OR SUBSTITUTE OF COLONY (A) PLACE OF FINAL DISPOSITION OR OR MARGARET FUNERAL DIRECTOR AND ACCOUNT OR SUBSTITUTE A HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV FUNERAL DIRECTOR AND ACCOUNT OR SUBSTITUTE A HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV FUNERAL DIRECTOR AND ACCOUNT OR SUBSTITUTION OR SUB	
35. MARE OF MOTHER—FIRST CLARA 36. MIDDLE CLARA 37. CLART MATCO / CCVY A0. PLACE OF FINAL DISPOSITION O8/08/2002 CHRISTINE A. HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV 41. YPE OF DISPOSITIONIS TR/CR/RES 42. BIONATURE OF RUBBALMER LOCAL REGISTRAR A1. NAME OF PUMERAL DIRECTOR AND LOCAL REGISTRAR A2. BIONATURE OF RUBBALMER A3. LICENSE NOT EMBALMED 44. NAME OF PUMERAL DIRECTOR ACCOUNTY AT HAND SOUTH AVE. 101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL BARTON MEMORIAL HOSPITAL 105. STREET ADDRESS—ISTREET AND NUMBER OR LOCATION) ATH AND SOUTH AVE. 107. DEATH WAS CAUSED BY IENTER ONLY ONE CAUSE PER LIME FOR A, B, C, AND D) 118. THE WAS CAUSED BY IENTER ONLY ONE CAUSE PER LIME FOR A, B, C, AND D) 119. OTHER BENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE CIVEN IN 107 COLON CANCER 110. AUTOMAY PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IF YES, LIST TYPE OF OPERATION AND DATE. NO 111. LICENSIP THAT TO THE DEAT OF HY ANDOW. COCKEDING ASTREET AND THE CAUSE STATED. PHYSICAL CHAPTER OF MATCON ANY THE HOUR DATE AND PLACE OF ANY CONDITIONS AND THE MUST AND THILE OF CERTIFIER AND PLACE STATE FROM THE CAUSE STATED. 116. LICENSE NO. 117. DATE AND SOLUTIONS CONTRIBUTION OF THE ALBERTY PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 118. TYPE ATELEBRITY PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 110. TYPE ATELEBRITY PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	34. SIRTH STAY
DISPOSITIONS: OB/O8/2002 CHRISTINE A.HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV FUNERAL DIRECTOR TR/CR/RES APA LOCAL ALL TYPE OF DISPOSITION(S) TR/CR/RES NOT EMBALMED 42. BIONATURE OF EMBALMER NOT EMBALMED 43. LICENSE NO. 49. BIONATURE OF LOCAL REGISTRAR APA LOCAL ALL MARK OF PUMERAL DIRECTOR MCFARLANE MORTUARY FD-1180 FD-	38. BIRTH STAT
TR/CR/RES 44. NAME OF FUNERAL DIRECTOR AND LOCAL REGISTRAR MCFARLANE MORTUARY 101. FLACE OF OCATH BARTON MEMORIAL HOSPITAL PLACE OF DEATH 102. IF HOSPITAL SPECIFY ONE: 103. FACILITY OTHER THAN HOSPITAL 103. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 107. OEATH WAS GAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) 107. OEATH WAS GAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) 108. SEPSIS 109. GIORNY 109. GIORNY 100. OEATH REPORT AND DEATH 100. OEATH REPORT AND DEATH 101. AUTOPSY PER 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 1121 IF YES, LIST TYPE OF OPERATION AND DATE. PHYSI- CIAN'S 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EOCE OEATH OCCURRED ANY CONDITION IN ITEM 107 OR 1121 IF YES, LIST TYPE OF OPERATION AND DATE. 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EOCE OEATH OCCURRED AT THE HOUR, DATE 115. SIGNATURE OF LOCAL REGISTRAR 47. DATE MO 08/06/ 100. OEATH REGISTRAR 100. CONV. REGISTRAR 103. FACILITY OTHER THAN HOSPITAL 104. LICENIER NO. 117. DATE MO 08/05/489 116. LICENIER NO. 117. DATE MO 08/05/489 116. LICENIER NO. 117. DATE MO 08/05/489 116. LICENIER NO. 117. DATE MO 08/05/489 117. DATE MO 08/05/489 118. TYPE ATEMOTYPHYSICIAN'S NAME, MAILING ADDRESS, ZIP 119. WAS OPERATION PERFORM THE CAUSES STATED. 110. AUTOPSY PER DATE OF THE HOUR, DATE 111. TYPE ATEMOTYPHYSICIAN'S NAME, MAILING ADDRESS, ZIP 111. TYPE ATEMOTYPHYSICIAN'S NAME, MAILING ADDRESS, ZIP 111. TYPE ATEMOTYPHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
PLACE OF DEATH PLACE OF DEATH DOS. PHARTON MEMORIAL HOSPITAL DOS. PHARTON HOSP. DOS. PHART	M/DD/CCY
DEATH 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE. 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST DUE TO (B) SEPSIS DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (D) 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 1121 IF YES, LIST TYPE OF OPERATION AND DATE. NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- KNO PLANT OF COURSE AND PROM THE CAUSES STATE OF PROM THE CAUSES STATE OF PROM THE CAUSES ATTER CAUSE OF THE MENT OF THE HOUR, DATE COECOMY TATER OF DEATH OF COURSE OF THE HOUR, DATE COECOMY TATER OF PROM THE CAUSES STATE OF THE CAUSES STATE OF THE CAUSES STATE OF THE CAUSES STATE OF THE CAUSE STATE OF THE CAUSES STATE OF THE CAUSE STATE OF THE CAUSES STATE OF THE CAUSE STATE OF THE CAUSES STATE OF THE CAUSE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST CAUSE CAU	
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH COLON CANCER 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IF YES, LIST TYPE OF OPERATION AND DATE. NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- CIAN'S CERTIFICA- AND PLACE STATED FROM THE CAUSES STATED. DECEMENT ATTENDED SINCE M M /D D / CC YY I 18. TYPE ATEMORY PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
CAUSE OF DEATH DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (D) 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 1121 IF YES, LIST TYPE OF OPERATION AND DATE. NO PHYSI: CIAN'S CERTIFICA AND PLACE STATED FROM THE GAUSES STATED AND PLACE STATED FROM THE GAUSES STATED DECEDENT ATTEMBED SINCE M M / DD/CCYY M M / DD	
DUE TO (D) 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 1127 IF YES, LIST TYPE OF OPERATION AND DATE. NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M M / DD/CCYY M	X 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 1127 IF YES, LIST TYPE OF OPERATION AND DATE. NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED PROM THE CAUSES STATED. DECEMENT ATTENDED SINCE OCCUPY M M / DD/CCYY M M	NO NO
PHYSI- CIAN'S CERTIFICA- TION 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE. 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- 20GE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M M / D D / C C YY M M / D / C C	No.
PHYSI- CIAN'S CERTIFICA TION CERTIFICA TION CERTIFICA THE CAUSES AT THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M.M. / D.D. / C.C. Y. M.M. / D.D. / C	
	M/00/CCVV
OCCURRED AT THE HOUR, DATE AND PLACE STATED, THE GAUSES STATED.	96150
CORONER'S USE ONLY 119. MANNER OF DEATH LYES NO 124. DESCRIBE HOW INJURY OCCURRED, EVENTS WHICH RESULTED IN INJURY) LYES NO 124. DESCRIBE HOW INJURY OCCURRED, EVENTS WHICH RESULTED IN INJURY) LOCATION OF DEATH OF DEATH OF 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 M M / D D / C C Y Y 128. TYPED NAME, TITLE OF CORONER OR DEPUTY	CORONER
STATE A B C D E F G H FAX AUTH. # 1268	SUS TRACT

66568

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





2003 APR 28 PM 3: 12 WERNER CHRISTEN RECORDER 0574812 1. MAID Be DEPUTY BK0403PG13368