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

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

✓ Rachele 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)

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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 A. Henricksen
CHRISTINE HENRICKSEN,
also known as CHRISTINE A. HENRICKSEN

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada)

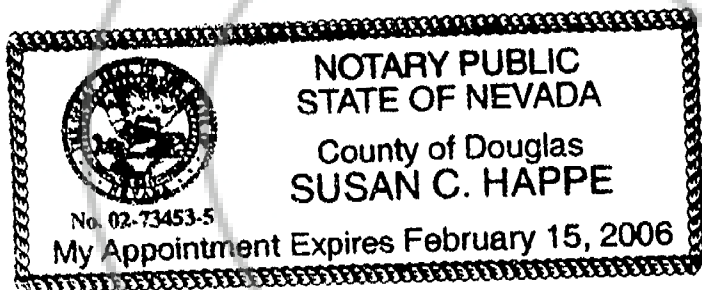
County of Douglas)

Signed and Sworn to before me

on April 23, 2003 by CHRISTINE A. HENRICKSEN.

WITNESS my hand and official seal.

Susan C. Happe
NOTARY PUBLIC



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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 _____
STATE OF CALIFORNIA
VB-11 (REV. 1/00)

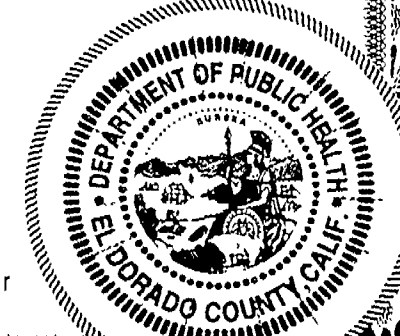
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) ERLE		2. MIDDLE FREDRICK		3. LAST (FAMILY) HENRICKSEN	
	4. DATE OF BIRTH MM/DD/CCYY 09/19/1934		5. AGE YRS. 67		6. SEX M	
	7. DATE OF DEATH MM/DD/CCYY 08/05/2002		8. HOUR 1445			
	9. STATE OF BIRTH AK		10. SOCIAL SECURITY NO. [REDACTED]-3597		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
USUAL RESIDENCE	12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16			
	14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER LOS ANGELES COUNTY	
	17. OCCUPATION APPRAISER		18. KIND OF BUSINESS REAL ESTATE		19. YEARS IN OCCUPATION 32	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 965 RIVERVIEW DR.					
INFORMANT	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			
SPOUSE AND PARENT INFORMATION	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			
DISPOSITION(S)	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. -	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	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			
PLACE OF DEATH	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. <input type="checkbox"/> RES. <input type="checkbox"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
	104. COUNTY EL DORADO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.			
CAUSE OF DEATH	106. CITY SO. LAKE TAHOE		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH Minutes		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (B) SEPSIS		Days		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	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 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO						
PHYSICIAN'S CERTIFICATION	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 DECEASED LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 08/05/2002 08/05/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A054689	
			117. DATE MM/DD/CCYY 08/05/2002		118. TYPE AND ADDRESS OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ANDREW H. K. TANG, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150	
CORONER'S USE ONLY	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 checked="" 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)					
STATE REGISTRAR	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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66568 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
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 APR 28 PM 3: 12

WERNER CHRISTEN
RECORDER

17⁰⁰ PAID *Bl* DEPUTY

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