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DOUGLAS COUNTY APN 1220-21-610-183

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RECORDING REQUESTED BY AND  
WHEN RECORDED, MAIL TO:  
Cynthia Young, Administrator  
Estate of Esther V. Kramer  
c/o Kelly R. Chase, Esq.  
P.O. Box 2800  
Minden NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  ) ss  
COUNTY OF DOUGLAS    )

CYNTHIA YOUNG, of legal age, being first duly sworn deposes and says:

1. Affiant was duly appointed as Administrator of the Estate of ESTHER VERONICA KRAMER, Deceased, by order of the Ninth Judicial District Court dated May 27, 2003, in Case #03PB0045, entitled *in the Matter of the Estate of Esther Veronica Kramer*.

2. That ESTHER VERONICA KRAMER was, prior to her death on the 21st day of January, 2003, the surviving spouse of WILLIAM EITEL KRAMER, deceased.

2. That WILLIAM EITEL KRAMER, the decedent, is the same person as named as one of the parties in that certain "Joint Tenancy Deed" executed by Ray Schreckenghost and Shirley A. Schreckenghost, husband and wife, as Grantors, to WILLIAM E. KRAMER and ESTHER V. KRAMER, husband and wife, as Joint Tenants, Grantees, and recorded on October 9, 1992, in Book 1092 at Page 1693, as Document No. 290462, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property

situate in Douglas County, State of Nevada, commonly known as **1356 Cardinal Court, Gardnerville, Nevada**, and more particularly described as follows:

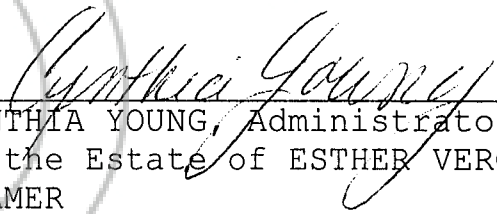
Lot 522, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

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3. That the said WILLIAM EITEL KRAMER (a.k.a. WILLIAM E. KRAMER) died on the 1st day of November, 2001, in Douglas County, State of Nevada, as set forth in the Certificate of Death filed November 7, 2001, as document number 214225 with the Registrar of the State of Nevada, Department of Human Resources, which such Certificate of Death is attached hereto as **Exhibit A** and incorporated herein as though set forth fully.

4. That all interest in and to said real property vested absolutely in the then surviving spouse, ESTHER VERONICA KRAMER (a.k.a. Esther V. Kramer), as of the date of death of said decedent WILLIAM EITEL KRAMER (a.k.a. WILLIAM E. KRAMER).

DATED this 27 day of May, 2003.

  
CYNTHIA YOUNG, Administrator  
of the Estate of ESTHER VERONICA  
KRAMER

SUBSCRIBED and SWORN to before me  
this 27<sup>th</sup> day of May, 2003.

  
Notary Public



# 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

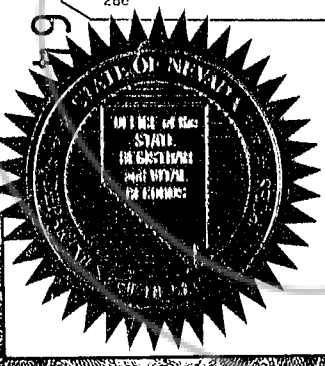
TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER			
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	1. William Eitel KRAMER			2. November 1, 2001		3a. Douglas	
DECEASED	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	3b. Gardnerville		3c. 1356 Cardinal Court		3e.	4. Male	
	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.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.		7a. 84	7b. :	7c. :	8. October 5, 1917	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
	9a. New York		9b. U.S.A.	10. 14		11. Married	12. Esther V. Collins
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED] 8203	14a. Engineer		14b. Electronics				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 1356 Cardinal Ct	15e. Yes		
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. William Kramer			17. Rosina Issig			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Esther V. Kramer - Wife				18b. 1356 Cardinal Ct., Gardnerville, NV 89410			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. [Signature]		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410				
CERTIFIER	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) [Signature]			(Signature and Title) [Signature]			
	DATE SIGNED (Mo., Day, Yr.) [Signature]			DATE SIGNED (Mo., Day, Yr.) [Signature]			
	21b. [Signature]			22b. [Signature]			
	21c. 0920			22c. [Signature]			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
23a. B. Bottenberg, D.O., 1001 N. Mountain St., Carson City, NV						23b. D0674	
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) [Signature]			24b. November 7, 2001	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) [Signature]						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) [Signature]						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) [Signature]						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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. No				26. No	27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a.	28b.	28c.	28d.				
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
28e.	28f.	28g.					

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

0503 PG 14 158

0578167



STATE REGISTRAR

No. 214225

[Signature]

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

Date issued: NOV 07 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

0578164  
BK0503PG14159

REQUESTED BY  
*Kelly R Chase*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 MAY 28 PM 1:22

WERNER CHRISTEN  
RECORDER

*1700* PAID *RL* DEPUTY