

A.P.N. # 1320-29-212-057
ESCROW NO. ACCM1665

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

BRET BIHLER
P.O. BOX 1546
MAMMOTH LAKES, CA 93546

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

BERNICE E. BIHLER, of legal age, being first duly sworn, deposes and says:
That **ALWIN ERIC BIHLER**, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as **ALWIN ERIC BIHLER**
named as one of the parties in that certain **DEED OF TRUST** dated July 01, 1991
executed by **BRETON R. BIHLER & BEVERLY E. BIHLER, HIS WIFE**
to **ALWIN E. BIHLER & BERNICE E. BIHLER & WILLIAM SCHNADT & JANET SCHNADT**
as joint tenants, recorded as Instrument No. 255295, on July 15, 1991
in Book 791, Page 2310, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

LOT 98 IN BLOCK A, AS SET FORTH ON THE MAP OF WINHAVEN, UNIT NO. 1, A PLANNED UNIT DEVELOPMENT FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 13, 1989 AS DOCUMENT NO. 194373.

ASSESSOR'S PARCEL NO: 1320-29-212-057

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO IT'S REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

DATE: April 08, 2003

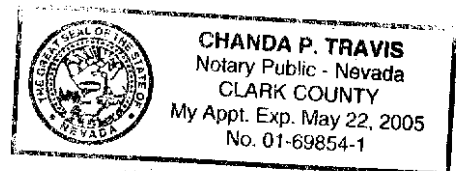
Bernice E. Bihler

BERNICE E. BIHLER

STATE OF Nevada }
 } ss.
COUNTY OF Clark }

This instrument was acknowledged before me on April 21, 2003
by, **BERNICE E. BIHLER**

Signature Chanda P. Travis
Notary Public



0578821

BK0603PG01349

**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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		
	1. Alvin Eric BIHLER		2. December 15, 1994		3a. Clark				
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)		SEX		
	3c. Las Vegas		3e. Valley Hospital Center		3e. ER		4. Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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 Birth (in Years)		DATE OF BIRTH (Mo., Day, Yr.)		
	5. White		6.		7a. 75		8. October 17, 1919		
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. Illinois		9b. U.S.A.		10. 14		11. Married		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
13. 3441		14a. Warehouse Manager / Retired		14b. State Government					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Clark		15c. Las Vegas		15d. 5108 Future Drive		15e. Yes	
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last					
	16. Reinhold Bihler			17. Julia Wedicka					
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Bernice Bihler - Wife				18b. 5108 Future Drive Las Vegas Nevada 89130					
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State				
	19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery		19c. Boulder City Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY					
20a. <i>[Signature]</i>		20b. 27		20c. Palm Mortuary 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129					
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) <i>[Signature]</i>				(Signature and Title) <i>[Signature]</i>				
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b.		21c.		22b. 12/20/94		22c. 5:26 p.m.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON 12/15/94				22e. AT 5:26 p.m.	
21d.				NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)				LICENSE NUMBER	
23a. Robert A. Jordan, M.D., Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV				23b. 6412					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) <i>[Signature]</i>		DEC 22 1994		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) Hypertensive cardiovascular disease				Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(c) 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)			
PART II				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.					

No. 070578

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

[Signature]

Date Issued: **DEC 23 1994**

SEAL

**CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223**

0578821

DK0603PG01350

COPY

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

2003 JUN -4 AM 11: 04

WERNER CHRISTEN
RECORDER

s/16 PAID Kg DEPUTY

0578821

0603PG01351

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DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
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	13. 3441		14a. Warehouse Manager / Retired		14b. State Government		12. Bernice Oliver	
PARENTS	15a. Nevada		15b. Clark		15c. Las Vegas		15d. 5108 Future Drive	
	15e. Yes		16. Reinhold Bihler		17. Julia Wedicka			
DISPOSITION	18a. Bernice Bihler - Wife		18b. 5108 Future Drive Las Vegas Nevada 89130		19a. Burial		19b. Southern Nevada Veterans Memorial Cemetery	
	19c. Boulder City Nevada		20a. [Signature]		20b. [Signature]		20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129	
CERTIFIER	21a. [Signature]		21b. [Signature]		21c. [Signature]		21d. [Signature]	
	22a. [Signature]		22b. 12/20/94		22c. 5:26 p.m.		22d. 12/15/94	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Robert A. Jordan, M.D., Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV		23b. 6412		24a. [Signature]		24b. DEC 22 1994	
	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE		26. No		27. Yes	
CAUSE OF DEATH	28a. Hypertensive cardiovascular disease		28b. [Signature]		28c. [Signature]		28d. [Signature]	
	28e. [Signature]		28f. [Signature]		28g. [Signature]		28h. [Signature]	

No. 070578

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OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: [Signature]

Date Issued: DEC 23 1994

SEAL

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
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Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
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2003 JUN -4 AM 11:04

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID Kg DEPUTY

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