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

AFFIDAVII - DEATH C	F JUINT TENANT
STATE OF NEVADA } ss.	_ \ \
COUNTY OF DOUGLAS }	
BERNICE E. BIHLER	of legal age, being first duly sworn, deposes and says:
	, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as ALWIN ERIC	
named as one of the parties in that certain DEED OF TRUST	
executed by BRETON R. BIHLER & BEVERLY E.	
to ALWIN E. BIHLER & BERNICE E. BIHLER	
as joint tenants, recorded as Instrument No. 255295	
in Book 791 , Page 2310 , of Official R	
County, Nevada, covering the following described property situated County, State of Nevada:	i in the DOUGLAS
County, State of Nevaua.	
LOT 98 IN BLOCK A, AS SET FORTH ON THE	MAP OF WINHAVEN, UNIT NO.
1, A PLANNED UNIT DEVELOPMENT FILED FO	
THE COUNTY RECORDER OF DOUGLAS COUNTY,	STATE OF NEVADA, ON JANUARY
13, 1989 AS DOCUMENT NO. 194373.	
	THIS INSTRUMENT IS BEING RECORDED AS AN
ASSESSOR'S PARCEL NO: 1320-29-212-057	ACCOMODATION ONLY. NO LIABILITY, EXPRESSED OF IMPLIED, IS ASSUMED AS TO IT'S REGULARITY
	OR SUPPRISENCY NOR AS TO ITS EFFECT, IF ANY,
	LIPOH TITLE TO ANY REAL PROPERTY DESCRIBED
	THEREIN.
	STEWART TITLE OF DOUGLAS COUNTY
\ \	
DATE: April 08, 2003	1 Den . E Bibles
DATE. IIPITE SOLUTION	1 cerns of C. Pihler
	BERNICE E. BIHLER
. 1	
STATE OF NEVOLO	
COUNTY OF CLASK ss.	
\ / /	
This instrument was acknowledged before me on HOCI 21,2	
by, BERNICE E. BIHLER	_
	Control and South Control and
	CHANDA P. TRAVIS
Signature Chanda P. Marr	Notary Public - Nevada CLARK COUNTY
Significant Company	My Appt. Exp. May 22 2005
Notary Public	No. 01-69854-1

0578821 8K0603PG01349

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

R PRINT IN IMANENT ACK INK	DECEASED—NAME First	Middle		DATE OF DEATH (Month, Dav. Year)	COUNTY OF DEATH
	Alwin	Eric	BIHLER	2 December 15, 1	
,	CITY, TOWN, OR LOCATION O		THER INSTITUTION—Name (If not either, s ley Hospital Cente:	give street and number) of Hosp, or Inst. ind	icata DOA, OP/Emer. SEX
EDENT	RACE—(e.g., White Black, Ame Indian, etc) (Specify)		Origin? Specify □ yes Xno ti yes. AGE Birth 7a		DAY DATE OF BIRTH (Mo., Day, Yr.)
Death: Jraed in Itution	STATE OF BIRTH (If not U.S.A. name country)	CITIZEN OF WHAT CO	INTRY Decedent's Education. Specify grade completed.		SURVIVING SPOUSE (If wife, give maiden name
IANDBOOK SARDING LETION OF ENCE ITEMS	9a. SOCIAL SECURITY NUMBER 13 -344	Work no Life, Even if I	10. (Give Kind of Work Done During Most of Retired) Ouse Manager / Ret	KIND OF BUSINESS OR INDUSTRY	, , , , , , , , , , , , , , , , , , , ,
L	RESIDENCE—STATE	COUNTY	city, town, or location	STREET AND NUMBER 15d. 5108 Futur	INSIDE CITY LIMITS (Specity Yes or No) Te Drive 15e. Yes
RENTS	FATHER—NAME First 16. Reinhold	Middle		-MAIDEN NAME First	Miodle Last Wedicka
	INFORMANT—NAME (Type or F	non) hler - Wife	MAILING ADDRESS 18b. 5108 Futur	(Street or R.F.D. No., City or Tow e Drive Las Vegas Ne	evada 89130
OCITION	BURIAL, CREMATION, REMOV	196	TERY OR CREMATORY—NAME Southern Revada Veterans Rev		City or Town State Her City Nevada
OSITION	FUNERAL DIRECTOR—SIGNA (Or Person acting as Such) 20a.	TURE FUNE LICE 205	NSE NUMBER I	SOFFACILITY Palm Mortuar . Cheyenne Rd., Las	Vegas, Nevada 89129
	21a. To the best of my kind to the causely due to the causely specified by the causely specified	>		22a. On the basis of axamination and/or at the time, date and place and due (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
		21c.		22b. 1Z Z.O G.U. 200 PRONOUNCED DEAD (Mo., Day, Yr.)	22c. 5:26 p.m. PHONOUNCED DEAD (Hour)
	PE 0 21d. NAME AND ADDRE	SS OF CERTIFIER (PHYSICIAN, A)	TENDING PHYSICIAN. MEDICAL EXAMIN	22d. ON 12/15/94 NER, OR CORONER). (Type or Print)	229. AT 5:26 p.m.
DITIONS	23a Robert	A. Jordan, M.D.,	DATE RECEIVED B	704 Pinto Ln., Las Vega	AS , NV 236 6412 COMMUNICABLE DISEASE
EDIATE		ENTER ONLY ONE CAUSE PER LI	E FOR (a), (b), AND (c).)	2.2.1994 24c. YEST	NO 15 Interval between onset and death
USE NG THE RLYING SE LAST		rtensive cardio	vascular disease	$\overline{}$	Interval between onset and death
→	(b) DUE TO, OR AS	A CONSEQUENCE OF:			Interval between onset and death
SE OF ATH	(c) OTHER SIGNIFICAN	IT CONDITIONS—Conditions contrib	uting to death but not resulting in the under	tying cause given in Part I. AUTOPSY Ye 26. NO	(Specify WAS CASE REFERRED TO CORONER (Specify Yes or No.) 27. Yes
	ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr)	HOUR OF INJURY DESCRIBE H	WILLIAM OCCURRED WOLLING WOLLING	
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, for building, et	arm, street, factory, office LOCATION c. (Specify) 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

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

Date Issued:

DEC 23 1994

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

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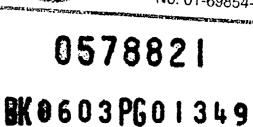
A.P.N. # 1320-29-212-057 ESCROW NO. ACCM1665

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. THIS INSTRUMENT IS REING RECORDED AS AM ASSESSOR'S PARCEL NO: 1320-29-212-057 ACCOMODATION ONLY. NO LIABILITY, EXPRESSED ON IMPLIED, IS ASSUMED AS TO IT'S REGULARITY OR SUPPRICIENCY NOR AS TO ITS EFFECT, IF ANY, USOM TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN. STEWART TITLE OF DOUGLAS COUNTY DATE: April 08, 2003 BERNICE E. BIHLER STATE OF NEVADA COUNTY OF CASK This instrument was acknowledged before me on April 21,200 by. BERNICE E. BIHLER CHANDA P. TRAVIS Notary Public - Nevada CLARK COUNTY Signature My Appt. Exp. May 22, 2005 Notary Public No. 01-69854-1



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH** STATE FILE NUMBER LOCAL FILE NUMBER TYPE OR PRINT DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH DECEASED-NAME Middle Last BIHLER December 15.1994 Alvin Eric PERMANENT If Hosp, or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e ER **BLACK INK** HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) CITY, TOWN, OR LOCATION OF DEATH 4 Male Valley Hospital Center Las Vegas DECEDENT UNDER 1 YEAR RACE—(e.g., White, Black American Indian, etc) (Specify) 5. Was Decedent of Hispanic Origin? Specify ☐ yes Xno If yes, specify Mexican, Cuban. Puerto Rican, etc. DATE OF BIRTH (Mo . Day, Yr) HOURS . MINS MOS . DAYS 8 October 17,1919 75 Decedent's Education. Specify highest MARRIED, NEVER MARRIED, grade completed. WIDOWED, DIVORCED SURVIVING SPOUSE (If wife, give maiden name) CITIZEN OF WHAT COUNTRY STATE OF BIRTH IF DEATH (If not U.S.A., name country) OCCURRED IN INSTITUTION (Specify) Married Bernice Oliver U.S.A. SEE HANDBOOK USUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDUSTRY SOCIAL SECURITY NUMBER REGARDING Working Life, Even if Retired) COMPLETION OF Warehouse Manager / Retired 14b. State Government **-3441** RESIDENCE ITEMS CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS COUNTY 15d,5108 Future Drive 15e 15c. Las Vegas Clark Nevada Middle MOTHER-MAIDEN NAME FATHER-NAME **PARENTS** Wedicka Bihler Julia Reinhold (Street or R.F.D. No., City or Town, State, Zip) INFORMANT—NAME (Type or Print) MAILING ADDRESS Bernice Bihler - Wife 18b 5108 Future Drive Las Vegas Nevada 89130 CEMETERY OR CREMATORY-NAME LOCATION BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19c Boulder City Nevada Southern Mevada Veterans Memorial Cemetery Burial FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Palm Mortuary DISPOSITION FUNERAL DIDECTOR—SIGNATURE (Or Person String as Such) 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129 205 22a. On the basis of examination and/or investigation, in my opinion death occurred To the best of my knowledge, death occurred at the time, date and place and To be Completed by CERTIFYING PHYSICIAN at the time, date and place and due to the cause(s), and manner stated due to the cause(s) stated. Kobers And (Signature and Title) (Signature and Title) HOUR OF DEATH HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) DATE SIGNED (Mo., Day, Yr.) 20196 22c. 5:26 p.m. CERTIFIER PRONOUNCED DEAD (Hour) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) 12/15/94 5:26 p.m. 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. DATE BECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE CONDITIONS IF ANY WHICH GAVE RISE TO 24a. (Signature) VENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death IMMEDIATE CAUSE STATING THE UNDERLYING Hypertensive cardiovascular disease PART DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death CAUSE LAST Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (Specify | WAS CASE REFERRED TO CORONER (Specify Yes or No.) CAUSE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART DEATH No Yes

No. 070578

STATE

CITY OR TOWN

STATE REGISTRAR

28g.

LOCATION.

HOUR OF INJURY

DATE OF INJURY (Mo., Day, Yr)

28f.

PLACE OF INJURY-At home, farm, street, factory, office

DESCRIBE HOW INJURY OCCURRED

STREET OR R.F.D. No.

"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

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.

(Specify)

INJURY AT WORK (Specify Yes or No)

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By:

Date Issued:

DEC 23 1994

SEAL

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223

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REQUESTED BY

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

2003 JUN -4 AM II: 04

WERNER CHRISTEN
RECORDER
PAID PAID DEPUTY