

16-

APN: 1220-21-610-232

RECORDING REQUESTED BY:  
LOIS G. SONNENWALD

WHEN RECORDED MAIL TO:

Name  LOIS G. SONNENWALD  
Street 1320 YELLOWJACKET ~~RD~~ LAKE  
Address  
City, State GARDNERVILLE, NV  
Zip 89460

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

LOIS G. SONNENWALD, of legal age, being first duly sworn, deposes and says:

That DONALD EARL SONNENWALD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DONALD E. SONNENWALD named as one of the parties in that certain INDIVIDUAL GRANT DEED dated APRIL 28, 1998 executed by GEORGE SHULESHKO AND DIANA M. SHULESHKO to DONALD E. SONNENWALD AND LOIS G. SONNENWALD, husband and wife as joint tenants, recorded as instrument No. 0440080, on MAY 20, 1998, in Book 598, Page 4014, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the     , County of DOUGLAS, State of Nevada:

Lot 408, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512

APN 1220-21-610-232

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$     .

Dated June 5, 2003

STATE OF NEVADA

COUNTY OF DOUGLAS

} SS

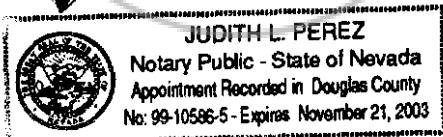
Lois G. Sonnenwald  
LOIS G. SONNENWALD

This instrument was acknowledged before me on

June 5, 2003

by LOIS G. SONNENWALD

*[Handwritten Signature]*  
Notary Public



Affdt-6/03

0578989

BK0603PG02157

# 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

	LOCAL FILE NUMBER	STATE FILE NUMBER				
<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
	1. <b>Donald Earl SONNENWALD</b>		2. <b>May 10, 2002</b>	3a. <b>Douglas</b>		
<b>DECEDENT</b>	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. <b>Gardnerville</b>		3c. <b>1320 Yellow Jacket Ln.</b>	3e. <b>Male</b>		
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 Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. <b>White</b>	6.	7a. <b>68</b>	7b.	7c.	8. <b>July 24, 1933</b>
<b>PARENTS</b>	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. <b>Ohio</b>	9b. <b>U.S.A.</b>	10. <b>12 Years</b>	11. <b>Married</b>	12. <b>Lois Roeper</b>	
<b>DISPOSITION</b>	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13. <b>-0905</b>	14a. <b>Communications</b>	14b. <b>County of Sacramento</b>			
<b>CERTIFIER</b>	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Gardnerville</b>	15d. <b>Yellow Jacket Ln 1320</b>	15e. <b>Yes</b>	
<b>CAUSE OF DEATH</b>	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last				
	16. <b>Edward Sonnenwald</b>	17. <b>Gisela Ritenbach</b>				
<b>CAUSE OF DEATH</b>	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. <b>Lois Sonnenwald - Wife</b>		18b. <b>1320 Yellow Jacket Ln. Gardnerville, NV 89410</b>			
<b>CAUSE OF DEATH</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
	19a. <b>Cremation</b>	19b. <b>FitzHenry's Crematory</b>	19c. <b>Carson City, Nevada</b>			
<b>CAUSE OF DEATH</b>	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. <i>[Signature]</i>	20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395 Gardnerville, NV 89410</b>			
<b>CAUSE OF DEATH</b>	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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)			
	21b. <b>5/16/02</b>		22b. <b>DATE SIGNED (Mo., Day, Yr.)</b>			
<b>CAUSE OF DEATH</b>	21c. <b>1355</b>		22c. <b>HOUR OF DEATH</b>			
	21d. <b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>		22d. <b>PRONOUNCED DEAD (Mo., Day, Yr.)</b>			
<b>CAUSE OF DEATH</b>	21d. <b>Andrew H. Tang M.D., 1107 Hwy 395 Gardnerville, NV 89410</b>		22d. <b>ON</b>			
	23a. <b>Andrew H. Tang M.D., 1107 Hwy 395 Gardnerville, NV 89410</b>		23b. <b>8365</b>			
<b>CAUSE OF DEATH</b>	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i>	24b. <b>May 17, 2002</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Cardiovascular Arrest</b>					
<b>CAUSE OF DEATH</b>	PART I (b) <b>lung CA</b>					
	PART I (c) <b>OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.</b>					
<b>CAUSE OF DEATH</b>	26. <b>No</b>		27. <b>Yes</b>			
	26. <b>No</b>		27. <b>Yes</b>			
<b>CAUSE OF DEATH</b>	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.	28b.	28c. <b>M</b>	28d.		
<b>CAUSE OF DEATH</b>	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.			



STATE REGISTRAR

No. 216538

*[Signature: Yvonne Sylva]*

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

Date Issued: **MAY 17 2002** **0578989** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0603P602158

COPY

REQUESTED BY  
*Lois Sommerwald*

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 JUN -5 AM 10: 34

WERNER CHRISTEN  
RECORDER

*s/16* PAID *Kg* DEPUTY

0578989

BK0603PG02159

16

APN: 1220-21-610-232

RECORDING REQUESTED BY:  
LOIS G. SONNENWALD

WHEN RECORDED MAIL TO:

Name  LOIS G. SONNENWALD  
Street 1320 YELLOWJACKET RD LAPE  
Address  
City,State GARDNERVILLE, NV  
Zip 89460

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

LOIS G. SONNENWALD, of legal age, being first duly sworn, deposes and says:

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Dated June 5, 2003

STATE OF NEVADA  
COUNTY OF DOUGLAS } SS

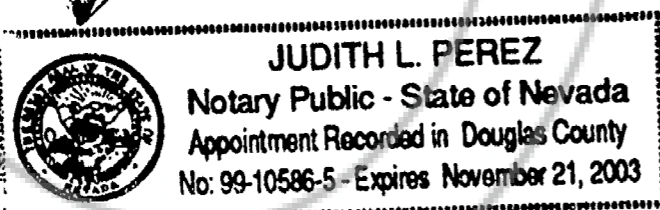
Lois G. Sonnenwald  
LOIS G. SONNENWALD

This instrument was acknowledged before me on

June 5, 2003

by LOIS G. SONNENWALD

Judith L. Perez  
Notary Public



Affdt-6/03

0578989

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# STATE OF NEVADA

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<b>DECEDENT</b>	3b. <b>Gardnerville</b>			3c. <b>1320 Yellow Jacket Ln.</b>		3e. <b>Male</b>		4. <b>Male</b>
	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
5. <b>White</b>	6. <b>68</b>	7a. <b>68</b>	7b. <b>:</b>	7c. <b>:</b>	8. <b>July 24, 1933</b>			
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	9a. <b>Ohio</b>		9b. <b>U.S.A.</b>	10. <b>12 Years</b>		11. <b>Married</b>		12. <b>Lois Roeper</b>
	13. <b>0905</b>		14a. <b>Communications</b>			14b. <b>County of Sacramento</b>		
<b>PARENTS</b>	15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>		15d. <b>Yellow Jacket Ln</b>		15e. <b>Yes</b>
	16. <b>Edward Sonnenwald</b>			17. <b>Gisela Ritenbach</b>				
<b>DISPOSITION</b>	18a. <b>Lois Sonnenwald - Wife</b>			18b. <b>1320 Yellow Jacket Ln. Gardnerville, NV 89410</b>				
	19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>		19c. <b>Carson City, Nevada</b>			
<b>CERTIFIER</b>	20a. <i>[Signature]</i>		20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395 Gardnerville, NV 89410</b>				
	21a. <i>[Signature]</i>			21b. <b>5/16/02</b>		21c. <b>1355</b>		21d. <b>Andrew H. Tang M.D., 1107 Hwy 395 Gardnerville, NV 89410</b>
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	22e. <b>ON</b>			22f. <b>ON</b>		22g. <b>ON</b>		22h. <b>ON</b>
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	23a. <b>Andrew H. Tang M.D., 1107 Hwy 395 Gardnerville, NV 89410</b>			23b. <b>8365</b>		23c. <b>8365</b>		
	24a. <i>[Signature]</i>			24b. <b>May 17, 2002</b>		24c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I (a) <b>Cardiovascular Arrest</b>							
	(b) <b>lung CA</b>							
	(c)							
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. <b>No</b>	27. <b>Yes</b>	27. <b>Yes</b>
28a. <b>ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)</b>	28b. <b>DATE OF INJURY (Mo., Day, Yr.)</b>	28c. <b>HOUR OF INJURY</b>	28d. <b>DESCRIBE HOW INJURY OCCURRED</b>					
28e. <b>INJURY AT WORK (Specify Yes or No)</b>	28f. <b>PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)</b>			28g. <b>LOCATION.</b>	28h. <b>STREET OR R.F.D. No.</b>	28i. <b>CITY OR TOWN</b>	28j. <b>STATE</b>	



STATE REGISTRAR

No. 216538

*[Signature]*

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

Date Issued: **MAY 17 2002** **0578989** State Registrar

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REQUESTED BY  
Lois Sonnenwald  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 JUN -5 AM 10: 34

WERNER CHRISTEN  
RECORDER

\$16 PAID Kg DEPUTY

0578989

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12