

A.P.N. # 1220-16-810-090
ESCROW NO. 030803893
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:
DONNA J. FOLK
1356 KINGSLANE
GARDNERVILLE, NV 89410

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

2003 OCT 24 PM 3:12

WERNER CHRISTEN
RECORDER

s/lc ^{SD} PAID. *KJ* DEPUTY

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT


STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

DONNA J. FOLK, of legal age, being first duly sworn, deposes and says: That CHARLES ARLAN FOLK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHARLES A. FOLK named as one of the parties in that certain Grant, Bargain, Sale dated September 4, 2002 executed by CHARLES FOLK AND DONNA FOLK to CHARLES A. FOLK AND DONNA J. FOLK, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 0551324, on September 4, 2002 in Book 0902, Page 00423, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: **October 16, 2003**

Donna J. Folk
DONNA J. FOLK

STATE OF Nevada }
COUNTY OF DOUGLAS } ss.

**CHARLENE L. HANOVER**
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires February 3, 2007
No: 98-2565-5

This instrument was acknowledged before me on 10/20/2003
by DONNA J. FOLK

Signature *Charlene L. Hanover*
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0594752
BK 1003PG12794

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	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
DECEDENT	1.	Charles Arlan FOLK	2. August 29, 2003	3a. Douglas
	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)
	3b. Gardnerville	3c. 818 Galena Ct.	3e. Male	
PARENTS	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)	DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	7a. 72	8. June 15, 1931
	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)
DISPOSITION	9a. Wisconsin	9b. U.S.A.	10. 12 Years	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. 3959	14a. Line Foreman	14b. P.G.E.	
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 818 Galena Ct.
	INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	INFORMANT—NAME (Type or Print)	
	16. Earl Folk	17. Easter Ecstrom	18a. Donna Folk - Wife	
	MAILING ADDRESS (Street & R.F.D. No., City or Town, State, Zip)		18b. 818 Galena Ct. Gardnerville, NV 89410	
TYPE OR PRINT IN PERMANENT BLACK INK	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	20a. [Signature]		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
	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)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	PRONOUNCED DEAD (Mo., Day, Yr.)
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21b. 8-29-03	21c. 0525	22b. [Signature]	22c. [Signature]
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
	21d.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print)			LICENSE NUMBER	
23a. James B. Holder M.D., 925 Ironwood Dr. Minden, NV 89423			23b.	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]	24b. September 2, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I	(a) CARDIOVASCULAR COLLAPSE	Interval between onset and death : HOURS		
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : 4 MONTHS		
	(b) CARCINOMA OF LIVER	Interval between onset and death :		
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death :		
PART II	(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)	
	EMPHYSEMA	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. M	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.		



STATE REGISTRAR

No. 242953

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

Date Issued: SEP 02 2003 0594752

Yvonne Sylva

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1003 PG 12795

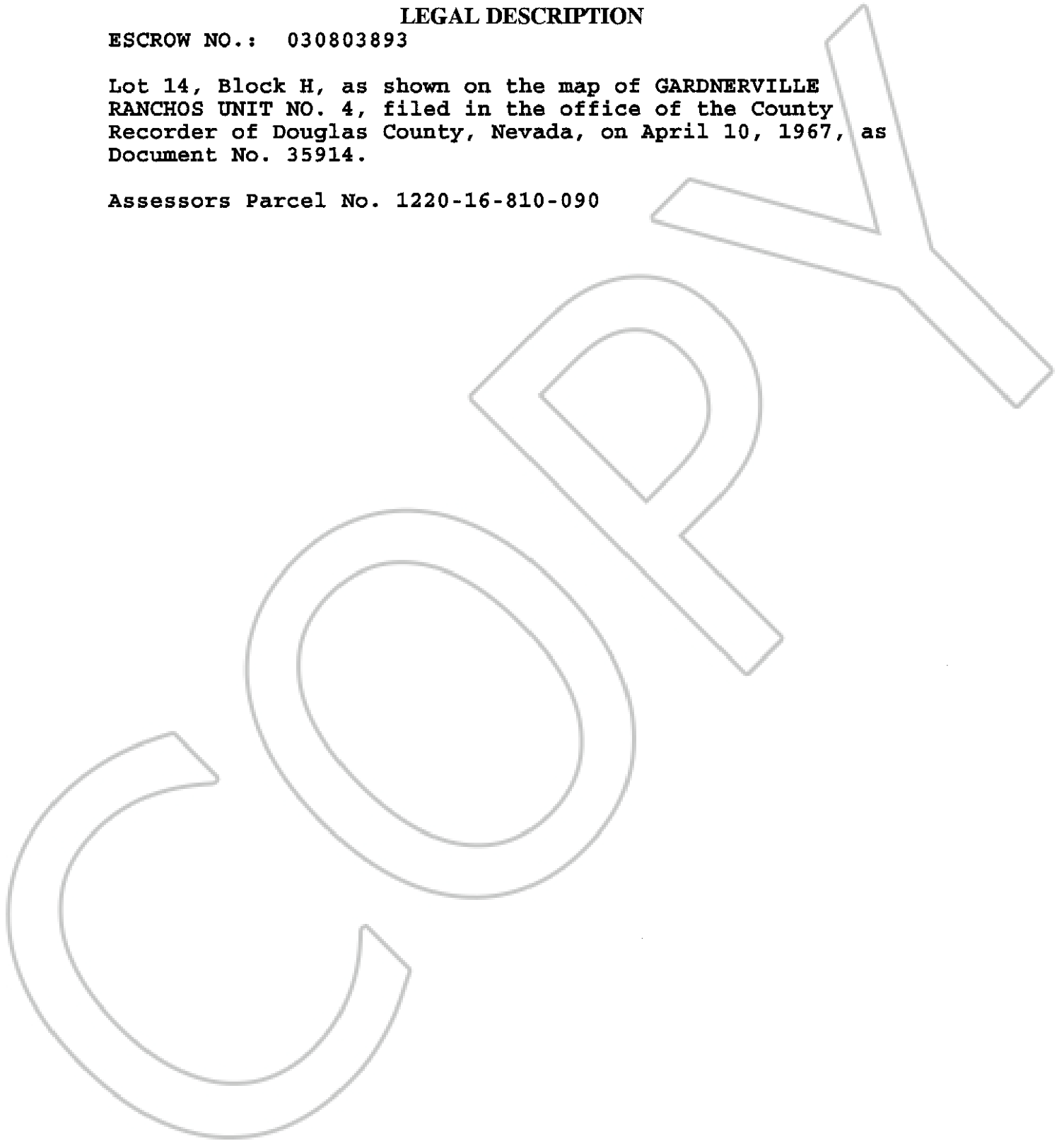
EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030803893

Lot 14, Block H, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Assessors Parcel No. 1220-16-810-090



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