

15-

APN: 1420-07-817-035

MAIL TAX STATEMENT TO:

/ Irving L. Klousia
937 Vassar Street
Carson City, NV 89705

REQUESTED BY
Irving Klousia
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 OCT 29 PM 4:12

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID kg DEPUTY

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Irving L. Klousia, Jr., hereby swears and affirms under penalty of perjury that the following assertions are true:

1. The Affiant is one of the grantees named in the Deed recorded in the Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 937 Vassar Street, Carson City, County of Douglas, State of Nevada, and more particularly described as:

Lot 14, Block C as shown on the map of Impala Mobile Home Estates Unit No. 1, recorded May 11, 1978 in Book 578, Page 708 as Document No. 20555, Official Records, Douglas County, Nevada.

2. Helen O. Klousia, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 3d day of April, 2003, in Carson City, State of Nevada.

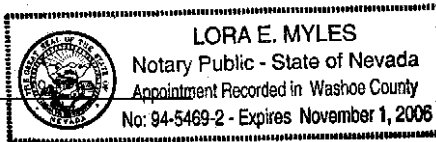
3. Helen O. Klousia and the Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 29 day of October, 2003.

Irving L. Klousia, Jr.
Irving L. Klousia, Jr.

Subscribed and Sworn to before me this 29 day of October, 2003, by Irving L. Klousia, Jr.

Lora E. Myles



0595262

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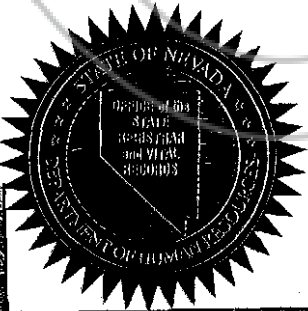
STATE OF NEVADA

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					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. Helen O. KLOUSIA		2. April 3, 2003	3a. Carson City				
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. Carson City		3c. Carson Convalescent Center	3e. Inpatient	4. Female			
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. 75	7b. :	7c. :	September 22, 1927	
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. Minnesota		9b. USA	10. 12	11. Married	12. Irving L. Klousia, JR		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ██████████ 2166		14a. Office Manager		14b. Telephone Company			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Carson City	15c. Carson City	15d. 937 Vassar St.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Lewis F. Oitzman		17. Lena Borcharding					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Irving L. Klousia, JR.		18b. 937 Vassar St., Carson City, NV 89705					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, NV 89706			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>Jammy Benson</i>		20b. 9	20c. 1281 No. Roop St., Carson City, NV 89706				
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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		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. <i>4/9/03</i>		21c. 1155		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
23a. Laurence Gay, M.D. P.O. Box 19936, Reno, NV 89511		23b. 5152					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE				
24a. <i>[Signature]</i>		24b. April 10, 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).)		(a) Pneumonia		Interval between onset and death			
PART I DUE TO, OR AS A CONSEQUENCE OF:		(b) cold		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)			
28a. ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		26. No	27. Yes
28b.		28c.		28d. M			
28e. 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. 235223



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

Date issued:

APR 10 2003 0595262

State Registrar

Gyonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1003 PG 15568 BK1003 PG 15568