

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

A.P.N.: 1220-16-610-050
File No: 142-2097097 (NMP)

2003 DEC -3 PH 3:47

When Recorded, Mail To:
Marlene R. Koehler
2968 Hot Springs Road
Minden, NV 89423

WERNER CHRISTEN
RECORDER

\$15.00 PAID *KJ* DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

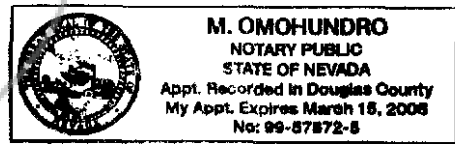
Betty E. Koehler, of legal age, being first duly sworn, deposes and says:

That **Charles H. Koehler**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Charles H. Koehler** named as one of the parties in that certain **Deed** dated **October 25, 1972** executed by **Charles H. Gaustad and Lillian Ida Gaustad** to **Charles H. Koehler and Betty E. Koehler** as joint tenants, recorded as Document No. **62809** on **November 17, 1972** in Book **1172** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 179, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on June 1, 1965, in Book 31, at page 686 as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, at Page 797, as Document no. 28377.

Betty E. Koehler 11-19-03
Betty E. Koehler Date

STATE OF NEVADA)
)
) :SS.
COUNTY OF Douglas)



This instrument was acknowledged before me on
11-19-2003 by
Betty E. Koehler

[Signature]
Notary Public
(My commission expires: 3-15-2006)

0598553
BK 1203PG 1457

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

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		Charles Harry KOEHLER		2. October 6, 1996		3a. Douglas				
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, OP/Emer. Rm. Inpatient (Specify)		SEX				
	3b. Gardnerville		3c. Cottonwood Care Center		3e. Inpatient		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 Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)				
	5. White		6.		7a. 83		8. November 22, 1912				
PARENTS	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. Colorado		9b. USA		10. 8		11. Married		12. Tamburello		
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY						
	13. 7125		14a. Owner/Operator		14b. Body & Fender Shop						
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Dresslerville 1008		15e. No		
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	16. Harry Koehler		17. Mattie Mayhew		18a. Betty E. Koehler - Wife		18b. P.O. Box 847 Gardnerville, Nevada 89410				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State						
	19a. Removal/Burial		19b. Sunset Mausoleum		19c. El Cerrito, California						
To be Completed by CERTIFYING PHYSICIAN	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
	20a. [Signature]		20b. #126		20c. FitzHenry's Carson Valley Funeral Home 1555 Hwy 395, Minden, Nevada 89423						
To be Completed by Coroner's Office	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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH				
	21b. October 7, 1996		21c. 0001		22b. [Signature]		22c. [Signature]				
To be Completed by Coroner's Office	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT						
	21d.		22d. ON		22e. AT						
REGISTRAR	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	23a. David S. Hoskins, M.D. 1190 High School, Gardnerville, Nevada		23b. 4628		24a. [Signature]		24b. 10-7-96		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								Interval between onset and death		
	(a) Respiratory Failure								Interval between onset and death		
PART II	(b) Acute Pneumonia								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)		27. YES		
26. NO											
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		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
		28f.		28g.							

STATE REGISTRAR

No. 102864

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

Date Issued:

OCT 07 1996

0598553

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BR1203PG1458