

A.P.N. # 1022-10-001-084  
ESCROW NO. 030802815  
RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

WHEN RECORDED MAIL TO:

**JENNIFER MUNDT**  
1200 SPATTER CONE ROAD  
WELLINGTON, NV 89444

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

2004 MAR -1 AM 10:44

WERNER CHRISTEN  
RECORDER

\$16<sup>00</sup> PAID KR DEPUTY

(Space Above For Recorder's Use Only)

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
  } ss.  
COUNTY OF DOUGLAS }

THIS INSTRUMENT IS BEING RECORDED AS AN  
ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR  
IMPLIED, IS ASSUMED AS TO IT'S REGULARITY OR  
SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON  
TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.


STEWART TITLE OF DOUGLAS COUNTY

**JENNIFER MUNDT** \_\_\_\_\_, of legal age, being first duly sworn, deposes  
and says: That **JACK HENRY HABERMAN** \_\_\_\_\_, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as **JACK HABERMAN**  
named as one of the parties in that certain **DEED** \_\_\_\_\_ dated **7-31-2003**  
executed by **KRISTIN J. RATH** \_\_\_\_\_  
to **JACK HABERMAN AND JENNIFER MUNDT**  
as joint tenants, recorded as Instrument No. **587506** \_\_\_\_\_, on **August 22, 2003**  
in Book **0803** \_\_\_\_\_, Page **12367** \_\_\_\_\_, 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**

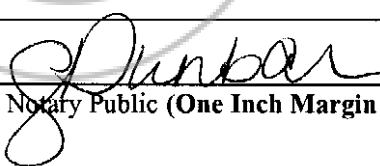
DATE: **February 17, 2004**

  
**JENNIFER MUNDT**

STATE OF **Nevada** }  
  } ss.  
COUNTY OF **DOUGLAS** }

  
**WENDY DUNBAR**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 02-79065-5 - Expires December 16, 2006

This instrument was acknowledged before me on 2-17-04  
by, **JENNIFER MUNDT**

Signature   
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

0605979  
BK 0304 PG 00142

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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**

**PRECEDENT**

**IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS**

**PARENTS**

**PROFESSION**

**CERTIFIER**

**CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH**

**CAUSE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Jack Henry HABERMAN		2. February 4, 2004	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Wellington		3c. 1200 Spatter Cone Road	
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.	
5. White		6. <input checked="" type="checkbox"/> No	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 65		MOS : DAYS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Wisconsin		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████ 9396		14a. Superintendent	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Henry Haberman		17. Henrietta Schmidt	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Jennifer Mundt		18b. 1200 Spatter Cone Road, Wellington, NV 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Truckee Meadows Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 20	
NAME AND ADDRESS OF FACILITY		CITY OR TOWN	
20c. Neptune Society Of Nevada 61		18c. Sparks Nevada	
20d. 5401 Longley Lane, Suite 11, Reno, NV 89511			
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) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 2/5/04		22b. 2/5/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0817		22c. 0817	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <i>[Signature]</i>		22d. ON	
21e. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. February 9, 2004	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <i>respiratory arrest</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>metastatic lung cancer</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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)	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 246725

03728

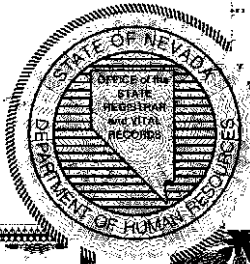
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: FEB 20 2004 0605979

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



*J. P. Sylvia*  
STATE REGISTRAR

BK 0302 PG 143

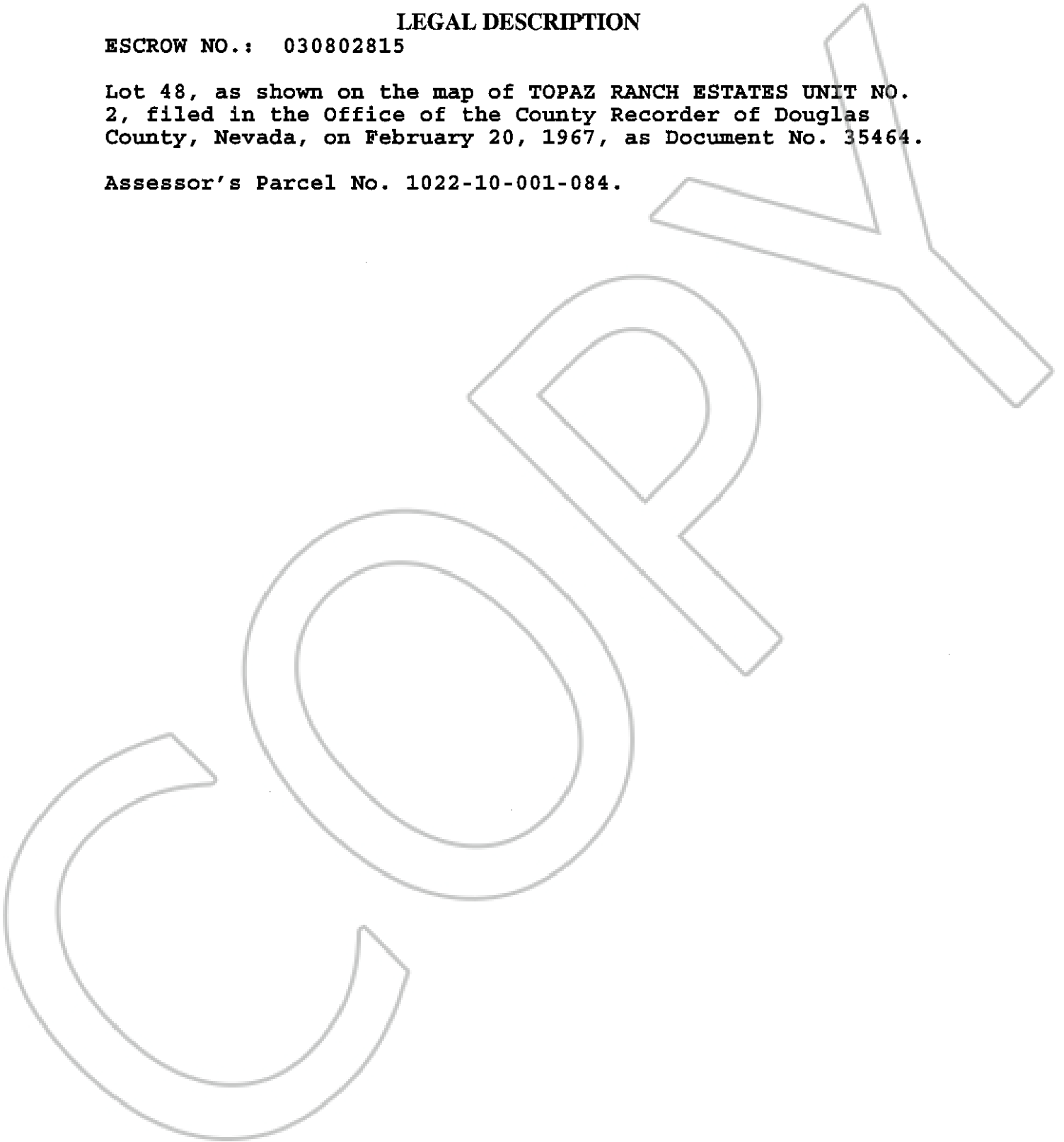
**EXHIBIT "A"**

**LEGAL DESCRIPTION**

**ESCROW NO.: 030802815**

**Lot 48, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464.**

**Assessor's Parcel No. 1022-10-001-084.**



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