

A.P.N. # 1220-16-412-012  
ESCROW NO. 040701065  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

REQUESTED BY  
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 APR -8 AM 11:06

WERNER CHRISTEN  
RECORDER

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

WHEN RECORDED MAIL TO:

LYNNE C. AVERWEG  
805-B POLLEN CT.  
GARDNERVILLE, NV 89460

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA            }  
  } ss.  
COUNTY OF Douglas        }

LYNNE C. AVERWEG, WEHER, of legal age, being first duly sworn, deposes and says: That BERNICE W. AVERWEG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BERNICE W. AVERWEG named as one of the parties in that certain DEED dated MARCH 10, 2003 executed by Bernice W. Averweg & Lynne C. Averweg to Bernice W. Averweg and Lynne C. Averweg and Michael Blanda and Pamela Blanda as joint tenants, recorded as Instrument No. 569911, on March 14, 2003 in Book 0303, Page 5814, 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: April 01, 2004

Lynne C. Averweg  
LYNNE C. AVERWEG

STATE OF Nevada            }  
  } ss.  
COUNTY OF Douglas        }

 L. HENDRICK  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No. 93-2710-5 - EXPIRES APRIL 29, 2005

This instrument was acknowledged before me on 4-9-04,  
by, LYNNE C. AVERWEG

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

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BK0404PG03388

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH**

**8200309000855**

STATE FILE NUMBER 1. NAME OF DECEDENT - FIRST (Given) <b>BERNICE</b>		2. MIDDLE <b>WEHER</b>		3. LAST (Family) <b>AVERWEG</b>	
A.K.A. ALSO KNOWN AS - Includes full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>04/26/1908</b>		5. AGE Yrs <b>95</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10. SOCIAL SECURITY NUMBER <b>9581</b>		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level Degree <b>SOME COLLEGE</b>		14. WAS DECEDENT SPANISH/SPANIOLATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. MARITAL STATUS (at Time of Death) <b>WIDOWED</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>TEACHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>EDUCATION</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>805 B POLLEN CT.</b>		21. CITY <b>GARDNERVILLE</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>	
23. ZIP CODE <b>89460</b>		24. YEARS IN COUNTY <b>2</b>		25. STATE/FOREIGN COUNTRY <b>NEVADA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>LYNNE AVERWEG - DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>805 B POLLEN CT., GARDNERVILLE, NV 89460</b>			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
31. NAME OF FATHER - FIRST <b>PETER</b>		32. MIDDLE		33. LAST <b>WEHER</b>	
34. NAME OF MOTHER - FIRST <b>KATE</b>		35. MIDDLE		36. LAST ( Maiden Name) <b>McCLERNON</b>	
37. BIRTH STATE <b>UNKNOWN</b>		38. BIRTH STATE <b>UNKNOWN</b>		39. BIRTH STATE <b>UNKNOWN</b>	
40. PLACE OF FINAL DISPOSITION <b>HOLY SEPULCHER CEMETERY, ORANGE, CA</b>		41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT <b>McFARLANE MORTUARY</b>		45. LICENSE NUMBER <b>FD-1180</b>	
46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>		47. DATE mm/dd/yyyy <b>11/10/2003</b>		48. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>	
101. PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> UOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>EL DORADO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>2170 SOUTH AVE.</b>		106. CITY <b>SO. LAKE TAHOE</b>	
107. CAUSE OF DEATH Enter the Chain of events - diseases, injuries, or operations - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or transfusion reactions without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition existing in death) (A) <b>CARDIOPULMONARY ARREST</b> Secondary, but conditions, if any, leading to cause and time A. Enter UNDERLYING CAUSE (ultimate cause of injury that initiated the events resulting in death) LAST (B) <b>ACUTE MYOCARDIAL INFARCTION</b>		108. DEATH REPORTED TO CORONER/Quart and Death (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Minutes <b>03-12472</b> (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (ET) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (FT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent: <b>BERNICE WEHER AVERWEG</b> Date of Death: <b>11/07/2003</b> Place of Death: <b>2170 SOUTH AVE., EL DORADO, CA 95821</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Garrett Schwartz</i> 116. LICENSE NUMBER <b>A061400</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GARRETT SCHWARTZ, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GARRETT SCHWARTZ, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150</b>		119. DATE mm/dd/yyyy <b>11/09/1999</b>	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy (2) HOUR (24 Hours) <b>11/07/2003</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>Stephen G. Drogin</i>		127. DATE mm/dd/yyyy <b>11/10/2003</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>STEPHEN G. DROGIN, M.D.</b>	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH # <b>3829</b>		CENSUS TRACT			

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED

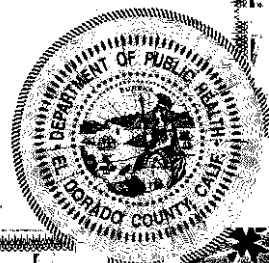
**12/01/2003**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



\*000077578\*

*Stephen G. Drogin*  
STEPHEN G. DROGIN, M.D.  
COUNTY HEALTH OFFICER



**EXHIBIT "A"  
LEGAL DESCRIPTION**

Order No.: 040701065

The land referred to herein is situated in the State of Nevada,  
County of Douglas, described as follows:

Lot 7, in Block A, as shown on the official map of  
RABBITBRUSH CORNERS, filed for record in the office of the  
County Recorder of Douglas County, State of Nevada, on  
March 2, 1992, in Book 392, Page 001, as Document No.  
272299.

Assessors Parcel No. 1220-16-412-012

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