

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

APN: 1420-07-311-009

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name CHARLEEN G. UNDERDAHL
Street
City, State

2004 MAY -3 PM 3: 31

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

Order No. 00026639-501- CB / 89684

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

CHARLEEN G. UNDERDAHL, of legal age, being first duly sworn, deposes and says:

That LOREN DEAN UNDERDAHL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LOREN D. UNDERDAHL named as one of the parties in that certain Grant, Bargain Sale Deed dated February 28, 2000 executed by Ruth C. Wittbrod, a widow and Elaine J. Kirk, a married woman as surviving joint tenants to Loren D. Underdahl and Charleen G. Underdahl, husband and wife as joint tenants, recorded as instrument No. 488086, on March 17, 2000, in Book 300, Page 2972, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas, County of Carson City, State of Nevada:

Lot 3, in Block B, of VISTA GRANDE SUBDIVISION, UNIT NO. 2, as shown on the official map filed in the Office of the County Recorder of Douglas County, Nevada, on March 20, 1972, in Book 97, Page 695 as Document No. 58273.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$162,500.00.

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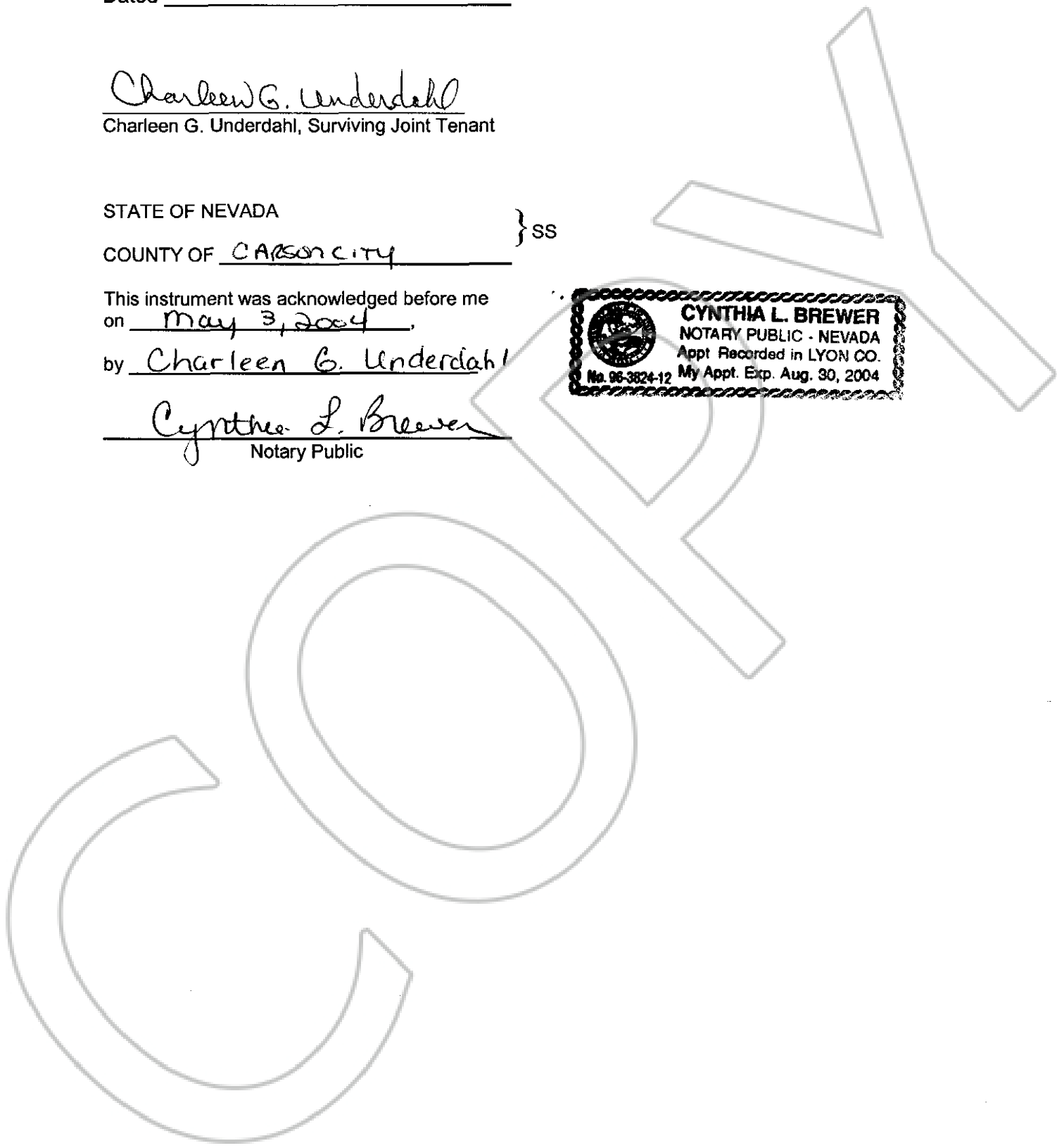
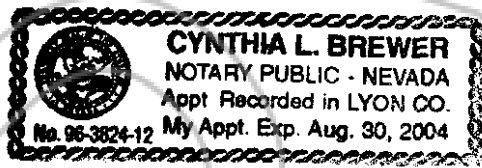
Dated 5-3-04

Charleen G. Underdahl
Charleen G. Underdahl, Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF CLARK COUNTY } SS

This instrument was acknowledged before me
on May 3, 2004
by Charleen G. Underdahl

Cynthia L. Brewer
Notary Public



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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)	
1. Loren Dean UNDERDAHL		2. October 8, 2002	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Indian Hills		3c. 3443 Carnelian Way	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
7a. 56		8. February 4, 1946	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Minnesota		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 0664		14a. CNC Supervisor	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Indian Hills	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Donald W. Underdahl		17. Ruby Haney	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Charleen Underdahl		18b. 3443 Carnelian Way Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 09	
NAME AND ADDRESS OF FACILITY		CITY, TOWN, OR LOCATION	
20c. Society 1614 N. Curry St. Carson City, NV. 89703		20d. 44 Capitol City Cremation & Burial	
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.)		21b. <i>[Signature]</i> John P. Kelly, MD DATE SIGNED (Mo., Day, Yr.)	
21c. 10/09/02		21d. 14:00	
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.)		22b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
22c. ON		22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. John P. Kelly M.D. 550 W. Washington St. Carson City, NV. 89703		23b. 6376	
REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. October 9, 2002	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c))		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Malignant Melanoma		Interval between onset and death: 1 year	
(b)		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.	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
28e.		28c.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28f.		28d.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



STATE REGISTRAR

No.229503

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

Date Issued:

OCT 11 2002

0612121

State Registrar

Gyonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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