

REQUESTED BY
Hedwig Helfenstein
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT -4 PM 4:01

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID KJ DEPUTY

APN: 1320-29-213-042

Recording requested by and mail documents and tax statements to:

✓ Name: Hedwig M. Helfenstein

Address: 1632 Lantana Dr.

City/State/Zip: Minden, NV 89423

AFF111

Nevada Legal Forms & Books, Inc. (702) 870-8977

www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Hedwig M. Helfenstein
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Otto Helfenstein
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, _____

Otto Helfenstein
named as one of the parties in that certain Grant, Bargain, Sale Deed
dated on the 22nd day of March, 2000, and executed by _____

Paul Hamilton Penn, Sr. and Bernice Jane Penn
known as Grantor(s), to Otto Helfenstein and Hedwig M. Helfenstein, husband and wife
known as Grantees, as joint tenants, and recorded as instrument number 488706

on the 28th day of March, 2000, in Book 0300 of Official Records
of Douglas County, Nevada, covering the following described property situated
in the City of _____, County of Douglas, State

of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 76, in Block A, as shown on the official Plat of Winhave Unit NO. 2, Phase A,
filed for record in the office of the County Recorder on September 14, 1990,
in Book 990 of Official Records, at Page 1934, Douglas County, NV., Doc. # 234654

In Witness Whereof, I/We have hereunto set my/our hand(s) this 4th day of October, 2004.

Hedwig M. Helfenstein
Signature Hedwig M. Helfenstein

Signature

Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF Douglas)

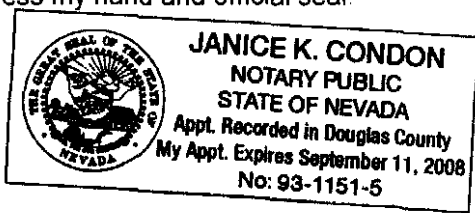
On this 4th day of October, 2004, personally appeared before me, a
Notary Public Hedwig M. Helfenstein

personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that she executed this instrument. Witness my hand and official seal.

Janice K. Condon
Notary Public

My Commission Expires: 9-11-2008

Consult an attorney if you doubt this forms fitness for your purpose.



0625844

BK1004PG01416

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 114 IMAGE 208

885

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Otto HELFENSTEIN			DATE OF DEATH (Month, Day, Year) 2. April 02, 2004		COUNTY OF DEATH 3a. Washoe		
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. St. Mary's Regional Medical Center		If Hosp. or Inst. indicate DOA, O/Emer. Rm. Inpatient (Specify) 3e. Inpatient		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 62		DATE OF BIRTH (Mo., Day, Yr.) 8. September 23, 1941	
	STATE OF BIRTH (If not U.S.A., name country) 9a. Switzerland		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education: Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) 11. Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED]-1098		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Executive Chef		KIND OF BUSINESS OR INDUSTRY 14b. Hotel			
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. Lantana Drive 1632	
PARENTS	FATHER—NAME First Middle Last 16. Alfred Helfenstein			MOTHER—MAIDEN NAME First Middle Last 17. Anna Eggerwiler				
	INFORMANT—NAME (Type or Print) 18a. Hedwig Helfenstein				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1632 Lantana Drive, Minden, Nevada 89423			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town: State 19c. Reno Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 617		NAME AND ADDRESS OF FACILITY 20c. Ross, Burke & Knobel Mortuary 1538 "C" Street, Sparks, Nevada 89431			
CERTIFIER	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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 4-7-04				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> DATE SIGNED (Mo., Day, Yr.) 22b.			
	HOUR OF DEATH 21c. 945				HOUR OF DEATH 22c.			
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON			
	PRONOUNCED DEAD (Hour) 22e. AT				LICENSE NUMBER 23b. 5451			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Leslie S. Smith 736 West Sixth Street Reno NV 89503						REGISTRAR 24a. (Signature) <i>[Signature]</i>	
	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 7, 2004						DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c)							
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Small Cell Lung Cancer						AUTOPSY (Specify Yes or No) 26. no	
	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. no							
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED: 28d.		
NAME AT WORK (Type or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 247914

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

Deputy Registrar: *Barbara Lee Hunt*

Date: **APR 16 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1004 PG 01417

0625844

