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A.P.N. 23-082-14-2  
APN 1320-02-001-097  
When recorded mail to:  
Sandra G. Lawrence  
Dyer, Lawrence, Penrose,  
Flaherty & Donaldson  
2805 Mountain St.  
Carson City, NV 89703

Mail Tax Statements to:  
Joseph C. Strolin, Jr.  
2559 Nye Drive  
Minden, NV 89423

REQUESTED BY  
Sandra G. Lawrence  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 NOV 15 AM 11:42

WERNER CHRISTEN  
RECORDER

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

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  ) ss:  
COUNTY OF DOUGLAS    )

JOSEPH C. STROLIN, JR., of legal age, hereby states under penalty of perjury that the following statements are true:

That Affiant is JOSEPH C. STROLIN, JR., the person named as Joint Tenant, one of the Grantees in that certain Grant, Bargain, Sale Deed recorded as File No. 100305, in Book 584, Page 186, in the office of the County Recorder of Douglas County, State of Nevada, referring to the following described property situated in the County of Douglas, State of Nevada:

Lot 25, as shown on that certain map entitled PIONEER HEIGHTS SUBDIVISION, UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on March 13, 1961, as Document No. 17360.

(Assessment Parcel No. 23-082-14-2)

and commonly referred to as 2559 Nye Drive, Minden, Nevada

That SUSAN H. STROLIN, the deceased, was one of the Grantees named as a joint tenant, with right of survivorship, in said Grant, Bargain, Sale Deed and was the identical

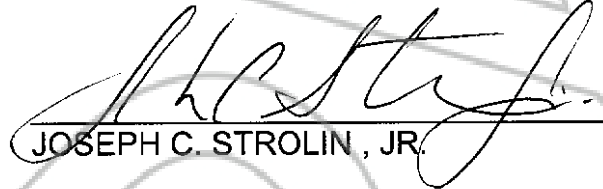
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BK 1104 PG 06736

person named as SUSAN H. STROLIN, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part of this Affidavit.

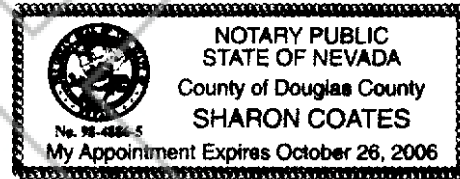
That SUSAN H. STROLIN, the deceased, died on the 13<sup>TH</sup> day of September, 2004, in the County of Douglas, City of Minden, State of Nevada.

DATED this 10<sup>th</sup> day of November, 2004.

  
JOSEPH C. STROLIN, JR.

SUBSCRIBED and SWORN to before me  
this 10<sup>th</sup> day of November, 2004.

  
NOTARY PUBLIC



**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**

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Susan Hartwick STROLIN			2. September 13, 2004		3a. Douglas
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. SEX	
3b. Minden		3c. 2559 Nye Drive		3e. Female	
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)	
5. White		6.		7a. 58	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Vermont		9b. U.S.A.		10. 16 Years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]-3726		14a. Teacher		11. Married	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas		15c. Minden	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		KIND OF BUSINESS OR INDUSTRY	
16. Robert Hartwick		17. Helen Gleason		12. Joe Strolin	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Joe Strolin - Husband			18b. 2559 Nye Drive, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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.)			DATE SIGNED (Mo., Day, Yr.)		
21b. 9-15-04			22b. [Signature]		
21c. HOUR OF DEATH 1933			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
21d.			22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER	
23a. Peter Lim M.D., 77 Pringle Way, Reno, Nevada 89502				23b. 8759	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) [Signature]		24b. September 16, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Respiratory Arrest					
PART I (b) Unknown cause					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. No				27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e.		28f.		28d.	
		LOCATION.		STREET OR R.F.D. No.	
		28g.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 271950

19076

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:

SEP 16 2004

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

0629242  
STATE REGISTRAR

BK 1104 PG 06738

