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REQUESTED BY
Mark A Winter
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

Recorded at the request of:
Mark A. Winter
801 N. Division
Carson City, NV 89703

2004 NOV 24 AM 10:45

When recorded, mail to:
✓ Mail tax statements to:
Sylvia Lee Smith
1039 Dresslerville Road
Gardnerville, Nevada 89460

WERNER CHRISTEN
RECORDER

\$16 PAID KJ DEPUTY

AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1220-10-401-003

STATE OF NEVADA)
 : ss.
CARSON CITY)

Sylvia Lee Smith being first duly sworn, deposes and says:

1. Gunder J. Olesen, died on the 7th day of October, 2004, in the State of Nevada, and that a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Gunder J. Olesen was a Co-Trustee of the Gunder J. Olesen Revocable Survivor's Trust under agreement dated October 19, 1994, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and incorporated herein by said reference

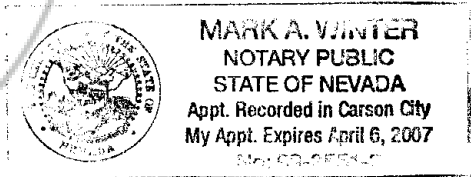
3. That said ownership was created by a Deed dated January 26, 1998, and recorded on January 29, 1998, as Document Number 0431543 in the Douglas County Recorder's Office.

4. That upon the death of the said Gunder J. Olesen, the Affiant became the sole Trustee of the Gunder J. Olesen Revocable Survivor's Trust under agreement dated October 19, 1994.

Sylvia Lee Smith
Sylvia Lee Smith

Subscribed and sworn to before me this 22nd day of November, 2004.

Mark A Winter
Notary Public



0630263
BK 1104 PG 11694

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 PRINT IN PERMANENT BLACK INK
EDENT
DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS
MENTS
POSITION
TIFIER
ITIONS ANY GAVE TO IMMEDIATE USE THE FOLLOWING LAST
USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Gunder J. OLESEN		2. DATE OF DEATH (Month, Day, Year) October 7, 2004	
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3a. COUNTY OF DEATH Douglas	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1037 Dresslerville Rd.		4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 92		7b. UNDER 1 YEAR MOS : DAYS HOUR : MINS	
7c. UNDER 1 DAY HOUR : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) October 31, 1911	
9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 14 Years		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER -4727	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Electric Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1037 Dresslerville Rd.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Hans Olesen	
17. MOTHER—MAIDEN NAME First Middle Last Bertha Jergensen		18a. INFORMANT—NAME (Type or Print) Sylvia Smith - Daughter	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1039 Dresslerville Rd. Gardnerville, NV 89460		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410		21a. To be completed by CERTIFYING PHYSICIAN 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.) 10/12/04 HOUR OF DEATH 2008 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Andrea L. Miller M.D.	
21b. To be completed by Coroner's Office 21b. 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.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89426	
23b. LICENSE NUMBER 8912		24a. REGISTRAR (Signature) <i>[Signature]</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 13, 2004		24c. 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).) PART I (a) respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) general debility DUE TO, OR AS A CONSEQUENCE OF: (c) dementia		Interval between onset and death Interval between onset and death 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.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 271966

39631

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:

OCT 13 2004 0630263

STATE REGISTRAR

This copy is not valid unless prepared on engraved border, plain, or sealed and signed by Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

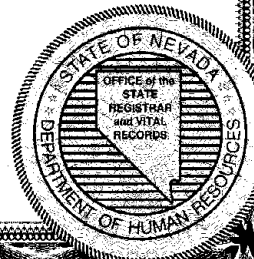
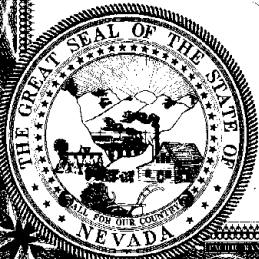


EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

That certain parcel of land situated in and being a portion of the Southwest 1/4 of the Southwest 1/4 of Section 10 and the Southeast 1/4 of Section 9; all in Township 12 North, Range 20 East, M. D. B. & M., described as follows:

Parcel D as set forth on that certain Parcel Map for HOLLY A. HOUGH, filed for record in the office of the County Recorder of Douglas County, Nevada, on October 25, 1978, as Document No. 26727, as modified by the Lot Line Adjustment Map, being a record of survey by Ronald W. Turner, for Gunder J. and Marian F. Olesen, filed for record in the office of the County Recorder of Douglas County, Nevada, on July 17, 1987, as Document Number 158371.

TOGETHER WITH all easements and rights of way of record.

This legal description was taken from the vesting deed which was recorded on January 29, 1998, as Document Number 0431543 in the Douglas County Recorder's Office.

0630263

BK1104PG11696