

DOC # 0635379
01/27/2005 03:22 PM Deputy: BC

OFFICIAL RECORD

Requested By:
NORTHERN NEVADA TITLE

A.P.N. 1022-09-001-026
Escrow No.: DO-1050045-FC
1050045

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Marvin Letner
214 Gordon Avenue
Dayton, NV 89403

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0105 PG- 9648 RPTT: 0.00



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Marvin Letner, of legal age, being duly sworn, deposes and says

That **Eda Edna Mae Letner**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Eda M. Letner** named as one of the parties of the beneficial interest in that certain **Deed of Trust** dated **October 17, 1995**, executed by **Bill B. Lipps, Jr. and Lisa M. Lipps, husband and wife to Marvin Letner and Eda M. Letner, husband and wife as joint tenants with right of survivorship**, recorded as Instrument No. **373365**, on **October 23, 1995**, in Book **1095**, Page **3987**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the County of **Douglas**, State of Nevada.

Dated: January 26, 2005

Marvin Letner
Marvin Letner

Type or print names under signatures

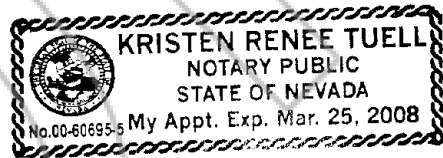
This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA)
) SS.
COUNTY OF Carson City)

On 1-28-05 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Marvin Letner

known to me to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same.

Signature Kristen Renee Tuell
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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

PROPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1.	Eda Edna Mae	LETNER	2.	August 30, 2004	3a. Lyon County
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. Rm. Inpatient (Specify)	SEX
3b.	Dayton	3c.	214 Gordon Lane	3e.	4. 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)	UNDER 1 YEAR MOS : DAYS
5.	White	6.		7a.	87
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH (Mo., Day, Yr.)
9a.	California	9b.	U.S.A.	10.	12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13.	5886	14a.	Purchasing Agent	14b. Aircraft Industry	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	
15a.	Nevada	15b.	Lyon County	15c.	Dayton
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)	
16.		17.		Luella Brazelton	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Marvin R. Letner			18b. 214 Gordon Lane Dayton, Nevada 89403		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>Jammy Letner</i>		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV. 89703		
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)		21c. HOUR OF DEATH		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)	
21b. <i>8/31/04</i>		21c. 06:30		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. <i>Ali Bawamia, MD</i>		22c. HOUR OF DEATH	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER	
23a. Ali Bawamia M.D. 775 Fleischmann Way Carson City, NV 89703				23b. 9431	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		24b. August 31, 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).)		Interval between onset and death			
PART I (a) <i>Cerebrovascular accident</i>		Interval between onset and death			
(b) <i>Advanced Dementia</i>		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY (Specify)	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	28d.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.			

STATE REGISTRAR



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No. 272002

BK- 0105
PG- 9650

01/27/2005

CERTIFIED COPY OF VITAL RECORDS

17420

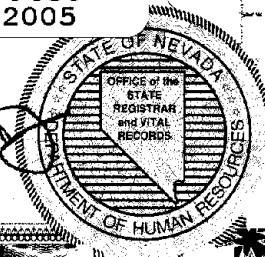
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 31 2004

STATE REGISTRAR

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



ALTERATION OR ERASURE VOID CERTIFICATE