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DOC # 0641170
04/07/2005 03:15 PM Deputy: BC
OFFICIAL RECORD
Requested By:
ANDERSON & DORN

APN: 1318-03-212-011

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0405 PG- 2743 RPTT: 0.00

RECORDING REQUESTED BY:
Anderson & Dorn, Ltd.
500 Damonte Ranch Pkwy, Ste. 860
Reno, NV 89521

WHEN RECORDED MAIL TO:
Yoshiko K. Oswald
P.O. Box 1066
Zephyr Cove, NV 89448



AFFIDAVIT OF DEATH OF JOINT TENANT

I, YOSHIKO K. OSWALD, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the wife and sole surviving joint tenant of ROBERT A. OSWALD.
- (2) That a Quitclaim Deed, dated December 15, 1986, was executed wherein YOSHIKO K. OSWALD AND ROBERT A. OSWALD were the Grantees as Joint Tenants with Right of Survivorship, Document No. 146753, in Book 1286, page 1873, recorded in Douglas County, Nevada on December 15, 1986.
- (3) That the property subject to joint tenancy is described in Exhibit "A" attached.
- (4) That ROBERT A. OSWALD died on March 22, 1998 in County of Douglas, State of Nevada. A certified death certificate is attached hereto as Exhibit "B".

Executed on this 28 day of March, 2005, at Reno, Nevada.

Yoshiko K. Oswald
YOSHIKO K. OSWALD

STATE OF NEVADA)
COUNTY OF Douglas) SS:

This instrument was acknowledged before me, this
28th day of March, 2005.
by Yoshiko K. Oswald.

Mel Corry
Notary Public

On March 28th, 2005, before me, a notary public in and for the State of Nevada, personally appeared Yoshiko K. Oswald, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Mel Corry
Signature of Notary

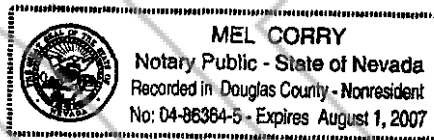


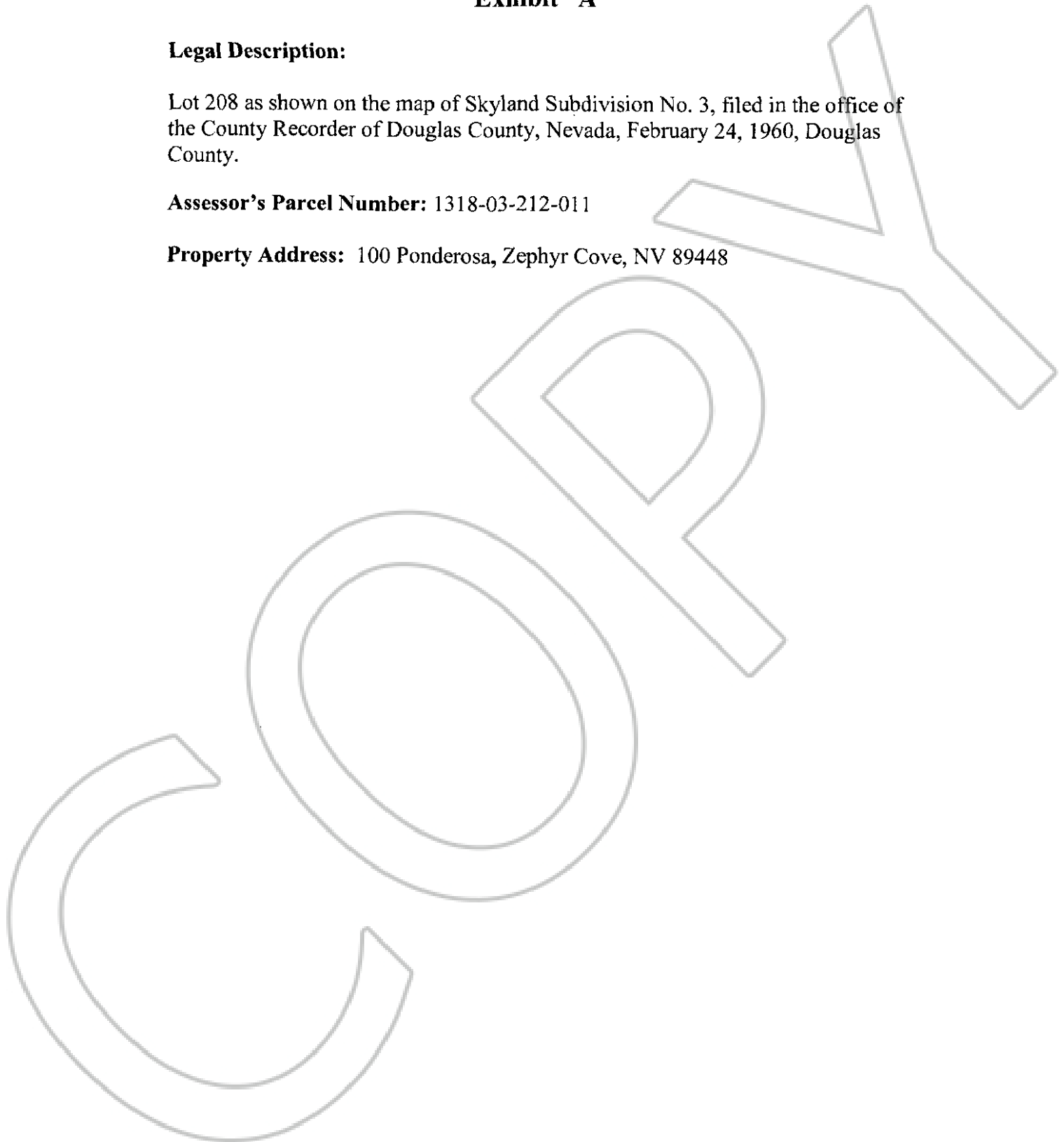
Exhibit "A"

Legal Description:

Lot 208 as shown on the map of Skyland Subdivision No. 3, filed in the office of the County Recorder of Douglas County, Nevada, February 24, 1960, Douglas County.

Assessor's Parcel Number: 1318-03-212-011

Property Address: 100 Ponderosa, Zephyr Cove, NV 89448



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

98 003654

TYPE OR PRINT IN PERMANENT BLACK INK

ACCIDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
1. Robert Andrew OSWALD			2. March 22, 1998		
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OPI/Emr. Rm. Inpatient (Specify)	
3b. Zephyr Cove		3c. 100 Ponderosa Drive		3a. Douglas	
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.		SEX	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9a. California		9b. U.S.A.		March 18, 1913	
SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. 0871		10. 14		11. Married	
RESIDENCE—STATE		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		14a. Owner		12. Yoshiko K. Kitazawa	
COUNTY		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15b. Douglas		15c. Zephyr Cove		14b. 810 Horse Racing	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
15d. 100 Ponderosa		15e. Yes			
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. James B. Oswald			17. Ethel Wedgewood		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Yoshiko K. Kitazawa - Wife			18b. P.O. Box 1066, Zephyr Cove, Nevada 89448		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial/Removal		19b. Oakhill Memorial Cemetery		19c. San Jose, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>Ammy B...</i>		20b. 50		20c. 1478 Fourth Street, Minden, Nevada 89423 53	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b.		21c.		22b. 3/24/98	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 1650		22d. ON 3/22/98	
21d.		22e. AT 1650			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. Deputy L. Pat Brooks—Coroner, P.O. Box 218, Minden, Nevada		23b. 265			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Catherine Bodnar</i>		24b. March 26-1998		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) Single gunshot wound to the head		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b)		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		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. Yes	
				27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. Suicide		28b. 3/22/98		28c. 1650	
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. No		28f. Home		28g. 100 Ponderosa, Zephyr Cove, Nevada	
				28d. Single gunshot wound to the head	

STATE REGISTRAR

No. 103692

31463

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: **JAN 20 2005**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EK- 0405
PG- 2746
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