

16

DOC # 0644042
05/11/2005 08:03 AM Deputy: KLJ

OFFICIAL RECORD
Requested By:
PETER J SMITH

APN 1318 03 210 029
formerly # 5-052-07

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0505 PG-04496 RPTT: 0.00



AFFIDAVIT OF DEATH OF LIFE TENANT

STATE OF Colorado)
s/s
COUNTY OF Jefferson)

I, SUSAN PROBY JENSEN, being first duly sworn, under penalty of perjury, do depose and say:

1. That I was formerly known as Susan M. Proby and I am a surviving joint tenant of my father RALPH M. PROBY, deceased, and as such am fully informed as to the real and personal property held by us at the time of his death.

2. The real property owned by the deceased as a life tenant with the undersigned on the date of his death, May 5, 1997, consisted of the following:

That certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 41, as shown on the map of Skyland Subdivision No. 1, filed in the office of the County Recorder on February 27, 1959;

Together with the appurtenant beach rights as contained in the Deed to Skyland Water Company, recorded February 5, 1960, as Document No. 15573.

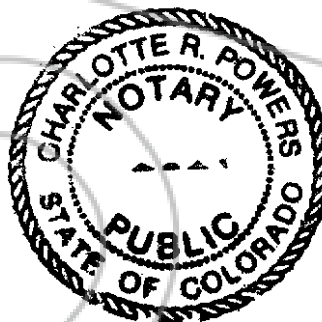
///

3. A certified copy of the Certificate of Death of the above-named decedent is attached hereto showing the date of death as May 5, 1997.

Susan Proby Jensen
SUSAN PROBY JENSEN

SUBSCRIBED and SWORN to before me
this 3rd day of May, 2005.

Charlotte R. Powers
Notary Public



No Change of Address
for Tax Statements

When Recorded please
return original to:

✓ Peter J. Smith, Esq.
300 West 2nd St.
Carson City, NV 89703

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

1
0644042
Page: 3

CAUSE OF DEATH

OF 3
05/11/2005
BK- 0505
PG- 4498

1. DECEDENT'S NAME (First, Middle, Last) Ralph Martin PROBY				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 5, 1997	
4. SOCIAL SECURITY NUMBER 1583	5a. AGE - Last Birthday (Years) 84	5b. UNDER 1 YEAR Mos: Days: Hrs: Mins:	5c. UNDER 1 DAY Hrs: Mins:	6. DATE OF BIRTH (Month, Day, Year) June 16, 1912	7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Porter Resident Care			9c. CITY, TOWN, OR LOCATION OF DEATH Littleton		9d. COUNTY OF DEATH Arapahoe	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Designer		10b. KIND OF BUSINESS/INDUSTRY Clothing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	12. SPOUSE (If wife, give maiden name) Margaret Kelley	
13a. RESIDENCE-STATE Nevada	13b. COUNTY Douglas	13c. CITY, TOWN, OR LOCATION Zephyr Cove		13d. STREET AND NUMBER 1011 Skyland Drive		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 89448	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 14	
17. FATHER-NAME (First, Middle, Last) Unknown		18. MOTHER-NAME (First, Middle, Last (Maiden Name)) Unknown		19. INFORMANT-NAME and relationship to deceased. Susan Jensen, Daughter		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) All Mortuary & Crematory		20c. LOCATION - City or Town, State Lakewood, Colorado		
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21b. NAME AND ADDRESS OF FACILITY: All-States Cremation Services, Inc., 3200 Wadsworth Blvd., Wheat Ridge, CO ZIP: 80033			
22a. REGISTRAR'S SIGNATURE <i>Lois L. Schmitt, Deputy</i>				22b. DATE FILED (Month, Day, Year) MAY 07 1997		
23. TIME OF DEATH 0830	24. DATE PRONOUNCED DEAD Month: May Day: 5 Year: 1997	25. WAS CORONER NOTIFIED? (Yes or No) No				
26. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN Signature: <i>[Signature]</i> 28. DATE SIGNED (Month, Day, Year) May 6, 1997			27. TO BE COMPLETED BY CORONER Signature: <i>[Signature]</i> 29. DATE SIGNED (Month, Day, Year)			
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Clair M. Terry MD 601 E. Hampden Englewood CO ZIP: 80110						
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)						
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY M: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED	
		33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		33f. LOCATION (Street and Number or Rural Route Number, City, County, State)		
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.] PART I (a) Metastatic Prostate Cancer DUE TO OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g. alcohol abuse, obesity, smoker).				35. AUTOPSY (Yes or No) NO		
				36. IF YES were findings considered in determining cause of death?		

SEAL

STATE OF COLORADO, TRI-COUNTY HEALTH DEPARTMENT - United States of America
I hereby certify this document is a true and correct copy of the record in my custody. Issued this 7th day of May 1997 A.D.

This is not valid unless prepared by blue basketweave paper and impressed with the raised seal of Tri-County Health Department.
PENALTY BY LAW if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics certificate.

H. H. Rohrer M.D.
H. H. Rohrer, M.D., Registrar
Adams, Arapahoe and Douglas Counties

Lois L. Schmitt, Deputy
Lois L. Schmitt, Deputy Registrar