

Recorded at the request of:
Mark A. Winter
801 N. Division
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
Wallace L. Olson
1756 Ironwood
Minden, Nevada 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0605 PG-12705 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1320-30-211-024

Wallace Leroy Olson, being first duly sworn, deposes and says:

1. Jean C. Olson, died on the 3rd day of March, 2005, and a certified copy of her Death Certificate is attached hereto.

2. That at the date of death, the said Jean C. Olson was an owner in joint tenancy with the Affiant 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

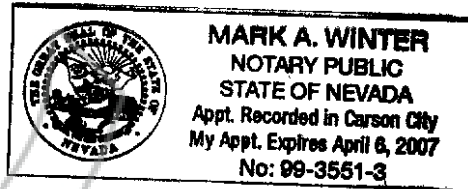
3. That said joint tenancy was created by a Deed dated July 24, 1987, recorded on July 31, 1987, as Document Number 159437 in the Douglas County Recorder's Office.

4. That upon the death of Jean C. Olson, the Affiant became the sole owner of the above-described property as his sole and separate property.

Wallace Leroy Olson
Wallace Leroy Olson

Subscribed and sworn to before me
this 23rd day of June, 2005.

Mark A. Winter
NOTARY PUBLIC



Lot 15, in Block E, as shown on the Official Map of Westwood Village, Unit No. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on October 5, 1979, in Book 1079, page 440, Document No. 37417, and Certificate of Amendment recorded July 14, 1980, in Book 780, page 783, Document No. 46166.

Exhibit "A"



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	
1. DECEASED—NAME First Middle Last Jean Carlton OLSON		2. DATE OF DEATH (Month, Day, Year) March 3, 2005	
3. CITY, TOWN OR LOCATION OF DEATH Minden		3a. COUNTY OF DEATH Douglas	
3b. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 1756 Ironwood Dr.		4. Female	
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) 79		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) August 30, 1925	
9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12 Years		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Wally Olson		13. SOCIAL SECURITY NUMBER ██████-9209	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1756 Ironwood Dr.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last John Carlton	
17. MOTHER—MAIDEN NAME First Middle Last Eliza Hartford		18a. INFORMANT—NAME (Type or Print) Vicki Walker - Daughter	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1973 Arabian Lane, Gardnerville, Nevada 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, 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		21. To be completed by CERTIFYING PHYSICIAN 21a. DATE SIGNED (Mo., Day, Yr.) 3/3/05	
21b. HOUR OF DEATH 0127		22. To be completed by Coroner's Office 22a. DATE SIGNED (Mo., Day, Yr.)	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Andrea L. Miller M.D.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. 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 89423		22c. PRONOUNCED DEAD (Hour) 22e. AT	
23a. REGISTRAR Jaimie Evins		23b. LICENSE NUMBER 8912	
24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 8, 2005		24c. DEATH DUE TO COMMUNICABLE DISEASE 24b. 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) metastatic lung cancer DUE TO, OR AS A CONSEQUENCE OF: (c) 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) 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 28h.		28i.	

STATE REGISTRAR

No. 283677

52515

CERTIFIED COPY OF VITAL RECORDS

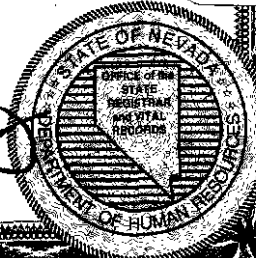
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR - 8 2005**

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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