

Recorded at the request of:

Louise F. Vold
2776 Esaw St.
Minden, NV 89423

When recorded, mail to:

✓ Mail tax statements to:

Louise F. Vold
2776 Esaw St.
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0705 PG- 7158 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1420-35-101-016

Louise F. Vold, deposes and says:

1. Dennis A. Vold, died on the 23rd day of July, 2002 and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Dennis A. Vold was an owner in joint tenancy with the Affiant of certain real property located in Minden, State of Nevada, described as follows:

See Exhibit "A" Attached hereto

3. That said joint tenancy was created by a Boundary Line Adjustment Deed dated December 21, 2000, and recorded on January 8, 2001, as Document Number 0506401 in the Douglas County Recorder's Office.

4. That upon the death of Dennis A. Vold, the Affiant became the sole owner of the above-described property as her sole and separate property.

Louise F. Vold

Louise F. Vold

Subscribed and sworn to before me
this 7/14/05 day of July, 2005

Beth J. Diesner
NOTARY PUBLIC



BETH J. DIESNER

NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Carson City
My Appt. Expires February 1, 2008
No: 99-50307-3

EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the NW ¼ of the NW ¼ of Section 35, Township 14 North, Range 20 East, M.D.B. & M., located in the County of Douglas, State of Nevada, more particularly described as follows:

Beginning at the Northeast corner of Parcel 4, as shown on Document No. 251306, thence through the following courses;

1. South 89°57'00" West, 335.52 feet;
2. North 00°03'56" West, 120.97 feet;
3. South 89°55'12" East, 59.85 feet;
4. North 00°11'35" West, 54.34 feet;
5. North 89°57'00" East, 275.74 feet to the westerly Right-of-Way of Esaw Street;
6. South 00°05'00" East, along said Right-of-Way, 175.17 feet to the Point of Beginning.

*Per NRS 111.312
Doc# 282575
Book 792 Page 337
Date 7/2/92*



STATE OF NEVADA

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		
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Dennis A. VOLD		DATE OF DEATH (Month, Day, Year) 2. July 23, 2002	
	CITY, TOWN OR LOCATION OF DEATH 3b. Minden		COUNTY OF DEATH 3a. Douglas	
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2776 Esaw St.		If Hosp. or Inst. indicate DOA, OP/Emer. Am. Inpatient (Specify) 3e.	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 72	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Iowa	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 15	
	SOCIAL SECURITY NUMBER 13. 1828	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Design Analyst	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
PARENTS	FATHER—NAME First Middle Last 16. Benhardt Vold	MOTHER—MAIDEN NAME First Middle Last 17. Ruth Lomen	DATE OF BIRTH (Mo., Day, Yr.) 8. April 27, 1930	
	INFORMANT—NAME (Type or Print) 18a. Louise F. Vold, Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2776 Esaw St. Minden, Nevada 89423	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Dr. Carson City, Nevada 89701	
CERTIFIER	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>		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) <i>[Signature]</i>	
	DATE SIGNED (Mo., Day, Yr.) 21b. 7/24/02	HOUR OF DEATH 21c. 0913	DATE SIGNED (Mo., Day, Yr.) 22b.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	HOUR OF DEATH 22c.
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Gary S. Dankworth, MD, 812 N. Nevada Carson City, NV, 89703		LICENSE NUMBER 23b. 3972	PRONOUNCED DEAD (Hour) 22e. AT
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 24, 2002	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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
	(b) _____ DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
PART II (c) diabetes hypertension OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 224097



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BK- 0705
PG- 7160

Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JUL 24 2002**

State Registrar