

OFFICIAL RECORD  
Requested By:  
BROOKE SHAW ZUMPF

APN: 1022-10-002-074

When Recorded, Mail to:  
CASSANDRA G. JONES, ESQ.  
P.O. Box 2860  
Minden, NV 89423

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 6 Fee: 19.00  
BK-0805 PG-14866 RPTT: 0.00



Mail Tax Statements to:  
PAUL V. HUEBNER  
3975 GRAY HILLS ROAD  
WELLINGTON, NV 89444

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, PAUL V. HUEBNER, do hereby swear or affirm under penalty of perjury that the following assertions are true:

1. I am over the age of twenty-one (21) years.
2. The joint tenancy with right of survivorship was created by the *Grant, Bargain and Sale Deed* recorded as Document No. 20263, in Book 05-78, at Page 209, in the Official Records of the office of the County Recorder of Douglas County, State of Nevada. *Exhibit A.*

4. The description of the property that is the subject of this tenancy is as follows:

Lot 186, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464. APN 37-244-11.

Commonly known as 3975 Gray Hills Road, Wellington, Nevada 89444

5. On the 12<sup>th</sup> day of March, 2003, Garry Lee Riggert died in Wellington, Douglas County, State of Nevada. A certified copy of the Death Certificate is attached as *Exhibit B.*

6. I am the surviving joint tenant.

7. The foregoing is made and based upon my own personal knowledge except as to

those matters which are based on information and belief, and as to such matters, I believe them to be true. In the event I were called upon to do so, I would and could competently testify as to the foregoing.

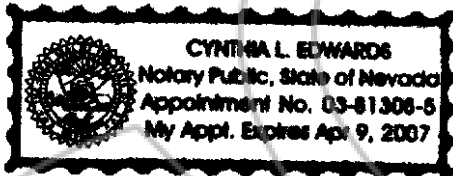
DATED this 17 day of ~~Sept~~<sup>ppk</sup> August, 2005.

Paul V. Huebner  
PAUL V. HUEBNER

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS    )

On the 17 day of August, 2005, before me, a notary public, personally appeared PAUL V. HUEBNER, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed this instrument.

Cynthia L. Edwards  
NOTARY PUBLIC



COPY

**EXHIBIT A**



GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That ROBERT E. MARTIN, an unmarried man

in consideration of \$ 10.00, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to PAUL VINCENT HUEBNER, an unmarried man and GARRY LEE HIGBERT, a single man as Joint Tenants

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 186, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464.

A.P.# 37-244-11

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness MY hand this 5th day of April, 19 78

STATE OF NEVADA  
COUNTY OF Douglas

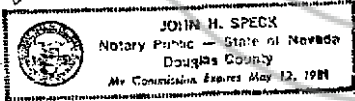
SS

Robert E. Martin  
ROBERT E. MARTIN

On April 7, 1978  
personally appeared before me, a Notary Public,  
Robert E. Martin

who acknowledged that he executed the above instrument.

John H. Speck  
Notary Public



ORDER NO. \_\_\_\_\_  
ESCROW NO. 100410

WHEN RECORDED MAIL TO:  
Mr. Paul V. Huebner  
2975 White Pine Road  
Carson City, Nevada 89701

The grantor(s) declare(s):  
Documentary transfer tax is \$ 35.20  
 computed on full value of property conveyed, or  
( ) computed on full value less value of liens and encumbrances remaining at time of sale.

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

Sheerin & O'Reilly  
Attorneys at Law  
P. O. Box 66  
Carson City Nevada 89701  
P. O. Box 137  
Gardnerville Nevada 89410

FOR RECORDER'S USE  
REQUESTED BY  
DOUGLAS COUNTY CLERK  
IN OFFICIAL RECORDS FILE  
DOUGLAS CO. NEVADA  
1978 MAY -3 PM 2:13  
PATRICIA J. WILLIAMS  
RECORDER  
Robert E. Martin  
20263  
578 PAGE 209

BK- 0805  
PG- 14869  
0653745 Page: 4 of 6 08/30/2005

COPY

**EXHIBIT B**



**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**

20030003700

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

POSITION

CERTIFIER

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

USE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last <b>Garry Lee RIGGERT</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 12, 2003</b>		3a. COUNTY OF DEATH <b>Douglas</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3975 Gray Hills Road</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>6</b>	4. SEX <b>Male</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>NO</b>		7a. AGE—Last Birthday (Years) <b>56</b>	8. DATE OF BIRTH (Mo., Day, Yr.) <b>May 26, 1936</b>
9a. STATE OF BIRTH (If not U.S.A., name country) <b>South Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>	
11. SOCIAL SECURITY NUMBER <b>8149</b>		12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Warehouse Manager</b>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Never Married</b>	
14a. RESIDENCE—STATE <b>Nevada</b>		14b. COUNTY <b>Douglas</b>		14c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15a. FATHER—NAME First Middle Last <b>Clarence W. Riggert</b>		15b. MOTHER—MAIDEN NAME First Middle Last <b>Leila B. Steinkoenig</b>		15c. STREET AND NUMBER Rd. <b>3975 Gray Hills</b>	
16. INFORMANT—NAME (Type or Print) <b>Paul V. Huebner</b>		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 2514 Minden, NV. 89423</b>			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		18b. CEMETERY OR CREMATORY—NAME <b>Carson Sierra Crematory</b>		18c. LOCATION City or Town State <b>Carson City Nevada</b>	
19a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		19b. FUNERAL DIRECTOR LICENSE NUMBER <b>09</b>			
20a. NAME AND ADDRESS OF FACILITY <b>Capitol City Cremation &amp; Burial</b>		20b. ADDRESS <b>1614 N. Curry St. Carson City, NV. 89703</b>			
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) <b>[Signature]</b>		21b. DATE SIGNED (Mo., Day, Yr.) <b>05/07/03</b>		21c. HOUR OF DEATH <b>07:19</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>CORONER GREG HUBBARD DSO</b>		21e. LICENSE NUMBER <b>262</b>		21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>POB 218 MINDEN NV 89423</b>	
22a. REGISTRAR <b>Christine Kaye</b>		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>May 7, 2003</b>		22c. DEATH DUE TO COMMUNICABLE DISEASE <b>NO</b>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		28c. HOUR OF INJURY <b>28c.</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>28d.</b>		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28e.</b>			
28f. INJURY AT WORK (Specify Yes or No) <b>28f.</b>		28g. LOCATION <b>28g.</b>		28h. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28h.</b>	

STATE REGISTRAR

No. 230387

079594

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: **AUG 23 2005**

This copy is not valid unless prepared c

*[Signature]*  
STATE REGISTRAR



BK- 0805  
PG- 14871