09/14/2005 11:53 AM Deputy: BC OFFICIAL RECORD 1220-04-111-011 Requested By: A.P.N. # SANDRA THUN ESCROW NO. RECORDING REQUESTED BY: Douglas County - NV Werner Christen - Recorder THE UNDERSIGNED 2 Of Fee: BK-0905 PG- 4447 RPTT: WHEN RECORDED MAIL TO: SANDRA R. THUN 1220 KINGSLANE GARDNERVILLE, NV 89410 (Space Above For Recorder's Use Only) AFFIDAVIT - DEATH OF JOINT TENANT STATE OF NEVADA } ss. COUNTY OF DOUGLAS } SANDRA R. THUN of legal age, being first duly sworn, deposes and says: That JACK K. THUN the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JACK K. THUN named as one of the parties in that certain GRANT DEED dated August 29, 2001 executed by SETH BROCHE, A MARRIED MAN JACK K. THUN & SANDRA R. THUN, HUSBAND AND WIFE on September 28, 2001 0524048 as joint tenants, recorded as Instrument No. , of Official Records of DOUGLAS in Book 0901 / Page 8403 County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada: Lot 10, as shown on the Map of KINGSLANE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 26, 1968, as Document No. 43243. Assessor's Parcel No. 1220-04-111-011. DATE: September 09, 2005 STATE OF Nevada **GAYLE SARRATEA** NOTARY PUBLIC DOUGLAS COUNTY OF STATE OF NEVADA Appt, Recorded in Dougles County My Appt. Expires March 20, 2007 No: 99-35472-5 This instrument was acknowledged before me on SANDRA R. THUN

DOC #

0654982

15.00

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Signature-

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

## **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
DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
<sup>1.</sup> Jack	Kyuang	THUN	2 August 20, 2005	5 ₃ Douglas
CITY, TOWN OR LOCATION OF DEAT	H HOSPITAL OR OTHE	ER INSTITUTION—Name (If not either, give		ate DOA, OP/Emer. SEX
₃ Gardnerville	sc. 1220 K	Kingslane Court	3e.	4 Male
		rigin? Specify □ yes X no If yes. I AGE—L		
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	specify Mexican, Cuban, Puer	rto Filoan, atc. " \ Birmosy	V (Years)   MOS DAYS   HOURS	MINS
<sub>5.</sub> Asian	6.	76-90	77 343 Aba	a. Nov. 1, 1914
STATE OF BIRTH	CITIZEN OF WHAT COUN	Decedent's Education. Specify higher gradit completed.	MARRIED, NEVER MARRIED,	SURVIVING SPOUSE (If wife, give maiden nar
(If not U.S.A., name country) 96. California	96 U.S.A.	10 12 years	(Specify) Married	12.Sandra Gold
SOCIAL SECURITY NUMBER		ive Kind of World Done During Most of	WIND OF BUSINESS OR INDUSTRY	I Panara Cora
	Working Life, Even if Retir	PARTY TO THE PARTY		
13. 6728	Working Life, Even if Rethr 14a, Orden	A TOTAL CONTRACTOR	Veterans Adn	
RESIDENCE—STATE CO	UNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
15a. Nevada 15b	Douglas	65c Gardnerville	1220 Kingsla	ne Crt (Specify Yes or No)
FATHER—NAME First	Middle >	Last MOTHER-MA	77 87 77 1 1 32 1 1 2 13 3	Middle Last
		그로 의료하다 아니다		
16. Nak /	Ghum /	l'hun	muen	Lee
INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or H.F.D. No., City or Town	, State, Zip)
18a Sandra Thun	→ Wife	18b 1220 K 1	ngslane Court, Gardr	erville. NV 89410
BURIAL, CREMATION, REMOVAL, OTI		NY ON CHEMATORY NAME	LOCATION	
* 1 · 1 · 1			A Train water	•
19a. $\setminus$ Cremation $_{1,1}$	196.	FitzHenry's 1	Crematory 1963 Car	cson City, NV
FUNERAL DIRECTOR—SIGNATURE (Or Pengin Acting as Such)	EUNERA	L DIRECTOR NAME AND AREST	FitzHenry's F	meral Home
20a. 20a.			inonds Drive, Carson	
> -7,0012811 C	- death and word at the time da	And American Street	22a. On the basis of examination and/or inv	
Z 214. To the best of my knowledge due to the cause(s) stated.	doath occurred at the time, day		at the lime, date and place and due to	the cause(s) and manner stated.
PO .	Duco TH	Durse W	(Signature and Title)	
DATE SIGNED (Mo., De)	HOUR OF DE	EAT	DATE SIGNED (Mrx. Bley, Yr.)	HOUR OF DEATH
Eg 21b. 8/22/0	85 L 210 -	0005	20h / / //	<b>22</b> c. (
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PE NAME OF ATTENDING PH	2	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRONOUNCED DEAD (Hour)
			224 ON **	228. A1
1		NDING PHYSICIAN MEDICAL EXAMINER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LICENSE NUMBER
∞ David Joh	nson. M.D., 16	624 Library Bane #	Minden NV 89423	23b. 4143
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24a. (Signature)	nu China	248/H1/14/03	33,2005   24c. YES	NOX.
25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LINE I	FOR (a): (b), AND (c):)	, m	Interval between onset and death
PART (a) LH+	- \ \		r	•
DUE TO, OR AS A CON	ISEQUENCE OF:			Interval between onset and death
/ <u>(b)</u>	7			
DUE TO, OR AS A CON	ISEQUENCE OF:		•	Interval between onset and death
/ <u>;</u>				<u>.</u>
(0)	OFFICING Conditions contribution	ng to death but not resulting in the underlying	course given in Part 1. AUTOPSY (S)	Decify WAS CASE REFERRED TO
PART OTHER SIGNIFICANT CON	D) I I Q I Q Q Q I Q I Q I Q I Q I Q I Q	g 10 000m out (not ) quantity		pecify   WAS CASE REFERRED TO   CORONER (Specify Yes or No)
\		<u></u>	26. no	27. no
ACC., SUICIDE, HOM., UNDET., DAT OR PENDING INVEST.	TE OF INJURY (Mo., Day, Yr.) HO	UR OF INJURY DESCRIBE HOW	NJURY OCCURRED	
(Specify) 28a. 28b.	280	c. M 28d.		
	ACE OF INJURY—At home, farm		STREET OR R.F.D. No. C	ITY OR TOWN STATE
(Specify Yes or No)	building, etc. (S)	pecify)	erreer on nation no.	TOTAL STATE
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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 2 3 2005

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