

19

OFFICIAL RECORD  
Requested By:  
BROOKE SHAW ZUMPF

APN: 1220-18-002-001

When Recorded, Mail to:  
WILLIAM JAC SHAW  
Brooke · Shaw · Zumpf  
P.O. Box 2860  
Minden, NV 89423

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 6 Fee: 19.00  
BK-1205 PG- 147 RPTT: 0.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, LOUIS VAN VLIET, 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. 0643261, in Book 05-05, at Page 00182, in the Official Records of the office of the County Recorder of Douglas County, State of Nevada.
4. The description of the property that is the subject of this tenancy is as follows:  
  
See *Exhibit A* attached hereto.  
  
Commonly known as 838 Verde, Gardnerville, Nevada 89460.
5. On the 3rd day of May, 2005, Patricia Van Vliet died in Gardnerville, 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.

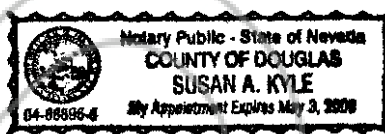
In the event I were called upon to do so, I would and could competently testify as to the foregoing.

DATED this 29 day of November, 2005.

Louis Van Vliet  
LOUIS VAN VLIET

SUBSCRIBED and SWORN to before me  
this 29 day of November, 2005.

Susan A. Kyle  
Notary Public



COOPY

**EXHIBIT A**



175-02-98  
08/04/98

DESCRIPTION  
Adjusted Parcel B

All that real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located within a portion of Section 18, Township 12 North, Range 20 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the Northwest corner of Parcel 1 as shown on the Division of Land Into Large Parcels Map for Louie and Patricia A. Van Vliet filed for record on March 15, 1994 in the Douglas County Recorder's Office in Book 394, at Page 264B, as Document No. 332305, said point falls on the Easterly right-of-way of State Route 88:

thence along said right-of-way South 00°06'00" East, 1152.58 feet to the POINT OF BEGINNING;

thence South 27°32'20" East, 335.88 feet;

thence North 78°42'17" East, 266.15 feet;

thence North 86°57'43" East, 843.69 feet;

thence South 00°48'53" West, 960.29 feet;

thence North 89°11'07" West, 667.24 feet;

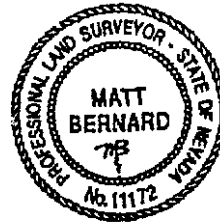
thence North 27°32'20" West, 1249.89 feet to a point on said right-of-way;

thence along said right-of-way, North 00°06'00" West, 43.40 feet to the POINT OF BEGINNING, containing 19.37 acres, more or less.

The Basis of Bearing of this description is North 00°06'00" West, the Easterly right-of-way of State Route 88 per said map.

Note: Refer this description to your title company before incorporating into any legal document.

Prepared By: R.O. ANDERSON ENGINEERING, INC.  
P.O. Box 2294  
Minden, Nevada 89423



0448736

BK0998PG0779



0661989 Page: 4 Of 6 12/01/2005

BK- 1205  
PG- 150



0643261 Page: 2 Of 2 05/02/2005

BK- 0505  
PG- 183

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**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Patricia A. VAN VLIET		2. May 3, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Pm. Inpatient (Specify)	
3c. 905 Hwy 88		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. No	
AGE—Last Birthday (Years)		UNDER 1 DAY	
7a. 75		MOS : DAYS HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		8. October 8, 1929	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
DECEDENT'S EDUCATION—Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 12 Years		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Louis Van Vliet	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	
13. [REDACTED] 4747		14a. Owner/Operator	
KIND OF BUSINESS OR INDUSTRY		14b. Dairy Industry	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 905 Hwy 88	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Burdette McDonald		17. Shelly Fuller	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Louis Van Vliet - Husband		18b. 905 Hwy 88, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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) [Signature]		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) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 5/6/05		21c. 0824	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. PRONOUNCED DEAD (Hour)	
21e.		22d. ON	
21f.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. May 9, 2005	
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).)		Interval between onset and death	
PART I (a) respiratory failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) metastatic breast cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR



No. 283700

BK- 1205  
PG- 152

0661989 Page: 6 OF 6 12/01/2005

63984

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: MAY - 9 2005

[Signature]

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

