

75

OFFICIAL RECORD

Requested By:  
HELGA E HANSEN

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-0406 PG- 7983 RPTT: 0.00

A.P.N.: 1320-31-511-032



When Recorded return to, and mail Tax Statements to:

√ Helga E. Hansen Helga E. Hansen  
PO BOX 36 PO BOX 36  
Minden, NV 89423 Minden, NV 89423

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Helga E. Hansen**, of legal age, being first duly sworn, deposes and says:

That **Harry R. Hansen**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Harry R. Hansen** named as one of the parties in that certain **Deed** dated **October 10, 1997** executed by **James Edward Ream and Eiko O. Ream** to **Helga E. Hansen and Harry R. Hansen** as joint tenants, recorded as Document No. **0423684** on **October 10, 1997** in Book **1097, Page 1899** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** : LOT 1, IN BLOCK E AS SAID LOTS AND BLOCK ARE SET FORTH ON THE OFFICIAL PLAT OF MACKLAND SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 4, 1980 IN BOOK 1280, PAGE 475, AS DOCUMENT NO. 51372

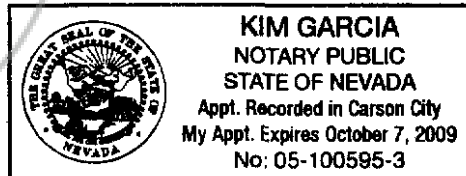
April 24, 2006  
Date

STATE OF **NEVADA** )  
 )  
 ) :ss.  
 )  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on

4-24-06 by  
Helga E. Hansen  
Helga E. Hansen

[Signature]  
Notary Public  
(My commission expires: 10-7-09)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**

DIVISION OF HEALTH  
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 <b>Harry Robert HANSEN</b>		2. DATE OF DEATH (Month, Day, Year) <b>April 10, 2006</b>	
3b. MINDEN		3a. COUNTY OF DEATH <b>Douglas</b>	
3c. 1615 Olua St.		4. Male	
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.	
7a. 78		7b. 7c.	
8. STATE OF BIRTH (If not U.S.A., name country) <b>Wisconsin</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>16 Years</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>Helga E. Polotzek</b>		13. SOCIAL SECURITY NUMBER <b>1100</b>	
14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) <b>Assembler</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>	
15a. Nevada		15b. Douglas	
15c. Minden		15d. 1615 Olua St.	
15e. Yes		15f. INSIDE CITY LIMITS (Specify Yes or No)	
16. FATHER—NAME First Middle Last <b>Harry Fred Hansen</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Loretta Marie Schultz</b>	
18a. Informant—NAME (Type or Print) <b>Helga Hansen - Wife</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 36, Minden, Nevada 89423</b>	
19a. Burial, Cremation, Removal, Other (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>	
19c. LOCATION City or Town State <b>Carson City, Nevada</b>		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</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) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>04/11/2006</b>	
21c. HOUR OF DEATH <b>0920</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Stephen Hewitt M.D., 1090 3rd St. #1, South Lake Tahoe, CA 96150</b>	
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>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON	
22e. AT		22f. LICENSE NUMBER <b>1107</b>	
23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>April 12, 2006</b>	
24. IMMEDIATE CAUSE—(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) <b>Metastatic Lung Cancer</b>		25. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>3 mos</b>	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Chronic obstructive Pulm disease</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	
28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE		28k.	

STATE REGISTRAR

No. 335822

112022

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.

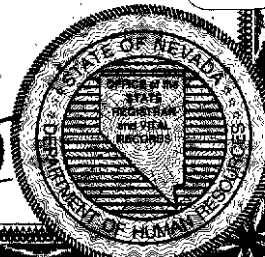
DATE ISSUED:

APR 12 2006

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



BK- 0406  
PG- 7984  
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