

DOC # 0677193  
06/14/2006 01:09 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
LENDERS FIRST CHOICE

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 41.00  
BK-0606 PG-4423 RPTT: 0.00



Assessor's Parcel Number: 1220-21-810-107

Recording Requested By:

Name: LENDERS FIRST CHOICE

Address: 3850 Royal Avenue  
Simi Valley, CA 93063  
Phone (800) 803-2658

City/State/Zip \_\_\_\_\_

Real Property Transfer Tax: \$ 0

Affidavit of Continuous Marriage  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**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**

2003 0001330

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 OF DEATH TAKING THE UNDERLYING CAUSE LAST

USE OF DEATH

LOCAL FILE NUMBER			DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			STATE FILE NUMBER		
1. Mildred L. FREY			2. January 27, 2003			3a. Carson City			COUNTY OF DEATH		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX		
3b. Carson City			3c. Evergreen Health & Rehab Center			3e. Inpatient 5			4. 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.			AGE—Last Birthday (Years)			DATE OF BIRTH (Mo., Day, Yr.)		
5. White			6. 77			7a. 77			7b. 77		
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education Specify highest grade completed			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
9a. Connecticut			9b. U.S.A.			10. 14			11. Married		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY			SURVIVING SPOUSE (If wife, give maiden name)		
13. 3549			14a. Nurse			14b. Medical Industry			12. Walter J. Frey		
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER		
15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 1357 Mary Jo Dr.		
INSIDE CITY LIMITS (Specify Yes or No)			FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			15e. Yes		
16. Russell L. Rogers			17. Josephine G. Curran			INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Walter J. Frey			18b. 1357 Mary Jo Drive			18c. Gardnerville, NV. 89460			BURIAL, CREMATION, REMOVAL, OTHER (Specify)		
19a. Cremation			19b. Carson Sierra Crematory			19c. Carson City Nevada			CEMETERY OR CREMATORY—NAME		
20a. Jimmy Burns			20b. Society 1614 N. Curry St. Carson City, NV. 89703			20c. Capitol City Cremation & Burial			FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. 1/28/03			21c. 11:30			21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		
23a. Laurence Gay M.D. P.O. Box 19936 Reno, Nevada 89511			23b. 5152			REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. (Signature)			24b. January 27, 2003			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			DEATH DUE TO COMMUNICABLE DISEASE		
25. IMMEDIATE CAUSE			PART I (a) <u>Renal failure</u>			Interval between onset and death			days		
			(b) <u>Hypertension</u>			Interval between onset and death			years		
			(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. No			27. Yes			28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
28b. 28c. M			28d. DESCRIBE HOW INJURY OCCURRED			28e. INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28f. 28g.			LOCATION.			STREET OR R.F.D. No.			CITY OR TOWN STATE		

STATE REGISTRAR

No. 229561

113991

CERTIFIED COPY OF VITAL RECORDS

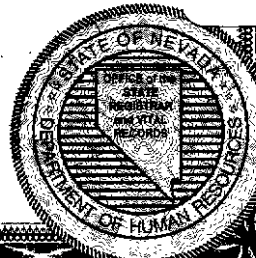
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 26 2006

*Laurence Gay*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



BK- 0606  
PG- 4425  
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Lenders First Choice  
3850 Royal Ave.  
Simi Valley, CA 93063  
Phone: (800) 803-2658



**AFFIDAVIT OF CONTINUOUS MARRIAGE**  
(Death Certificate Attached)

Lenders First Choice File No. 7337321

STATE OF NEVADA  
County of DOUGLAS

BEFORE ME, the undersigned authority, personally appeared **WALTER J FREY** who, after being duly sworn as required by law, deposes and says:

1. That Affiant legally owns that certain real property described as follows:

The following described lot, piece or parcel of land, situate, lying and being in the County of DOUGLAS State of NEVADA, to-wit:

See attached exhibit "A"

Folio NO. 1220-21-810-107

2. That affiant certifies that she held title to the above described property with his/~~her~~ husband/wife, **MILDRED L FREY** and that said **MILDRED L FREY** died on 1-27-03, as evidenced by the "Certified Copy" of said spouse's Death Certificate presented to Lenders First Choice and attached hereto.
3. That affiant certifies that he/~~she~~ and **MILDRED L FREY** were husband and wife at the time of conveyance into them by deed dated 12-05-88 and recorded 12-05-89 in Book 1169 at Page 529 in the DOUGLAS County Records.
4. That affiant certifies from the date of conveyance, of above referenced deed, He/~~She~~ and **MILDRED L FREY** remained continuously married until and including the date of **MILDRED L FREY** death.
5. That this affidavit is made for the express purpose of inducing Lenders First Choice to issue a policy of title insurance on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by Lenders First Choice its agents or its attorneys.
6. A "Certified Copy" of the Death Certificate is attached hereto for recording. (A copy has also been provided to Lenders First Choice).

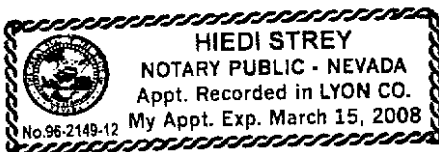
Dated this 15 day of April, 2006.

Walter J Frey  
WALTER J FREY

STATE OF NEVADA  
County of DOUGLAS

The foregoing instrument was sworn to and subscribed before me this 15 day of April, 2006, by **WALTER J FREY** who is personally known to me or who has produced drivers license(s) as identification.

(Seal or Stamp)



Hiedi Strey  
Notary Public  
My Commission Expires: 3-15-2008  
Serial No. 96-2149-12