7/0

A.P.N. <u>1319-18-310-021</u>

Recording Request by and When Recorded Mail To:

JEFFREY K. RAHBECK
P.O. Box 435
Zephyr Cove. NV 89448

Mail Tax Statements to:

Tracy Koskin
P.O. Box 6217
Stateline, NV 89449

DOC # 0682733
08/21/2006 02:50 PM Deputy: SD
OFFICIAL RECORD
Requested By:
JEFFREY K RAHBECK ESQ

Douglas County - NV Werner Christen - Recorder Page: 1 Of 2

Page: 1 of 3 Fee: 16.00 BK-0806 PG-8152 RPTT: 0.00



AFFIDAVIT BY SURVING JOINT TENANT

STATAE OF NEVADA) ss. COUNTY OF DOUGLAS)

TRACY E. KOSKIN, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of DAVID M. KOSKIN. Affiant and the said DAVID M. KOSKIN, deceased, are the Grantees in joint tenancy under a Grant Bargain and Sale Deed that was recorded on December 6, 2005, as Document No. 0662364, in Book 1205, at Page 2071 of Official Records of Douglas County, Nevada, regarding that certain piece and parcel of real property situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

Lot 69 as shown on the Map of Kingsbury Village, Unit No. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on December 27, 1961, in Book 9, at Page 792, as Document No. 19281, and as amended on July 10, 1963, in Book 18, at Page 352, as Document No. 22952.

That the said DAVID M. KOSKIN died on the 7th day of April, 2006, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A", and incorporated herein.

That all interest in and to the above-described real property, vested absolutely in Affiant, namely, TRACY E. KOSKIN, as of the date of Decedent's death

Dated:This ____ day of August.

SUBSCRIBED and SWORN to before me this 2nd day of August, 2006.

JEFFREY K. RAHBECK ESQUIRE Notary Public - State of Nevada Appointment Recorded in Douglas County No: 99-1570-5 - Expires March 3, 2007

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

	j j	CERTIFICATE	PUEAIR	1	\
LOCAL FILE NUMBER					STATE FILE NUMBER
DECEASED—NAME First	Middle	Lest	DATE OF DEATH	ł (Morrits, Dey, Year)	COUNTY OF DEATH
t. David	Michael	KOSKIN	2. April	7, 2006	₃ Douglas
TTY, TOWN OR LOCATION OF DEATI	1 HOSPITAL OR OTH	ER INSTITUTION—Name (If not eithe	r, give street and number)	If Hosp, or Inst, indicate Rm, impedent (Specify)	DOA, OP/Emer. SEX
зь. Stateline	₃c. Heaven	ly Ski Resort		Зе.	4. Male
RACE—(e.p., White, Black, American Indian, etc.) (Specify)		origin? Specify ☐ yes 12 no If was, 17	GE-Last UNDER 1		Y DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	,	Sirthday (Years) MOS a. 43 7b.	DAYS HOURS MIN	a February 12, 19
STATE OF BIRTH	CITIZEN OF WHAT COL		highest MARRIED, NEV	ER MARRIED	SURVIVING SPOUSE (If with, give maken neu
(Minot U.S.A., mema country) 9a. California	Pb. USA	grade completed. 10. 14	WIDOWED, DIV (Specify) Ma:	rried	12. Tracy Young
OCIAL SECURITY NUMBER	USUAL OCCUPATION (Sive Kind of Work Done During Most		INESS OF INDUSTRY	- 11drey 15daile
-0178	Working Life, Even if Rei	Crew Manager	14b.	Grocery	
	INTY	CITY, TOWN, OR LOCATION			The second second
5a. Nevada. 15b.	Douglas	15c. Stateline		Andria Driv	
FATHER—NAME First	Middle				'e 15e. Yes Akidle Last
		·· · · · · · · · · · · · · · · · · · ·			
16. Kari INFORMANT—NAME (Type or Print)	Carl :	Koskin 17.	Ber	T.E. R.F.D. No., City or Town, S	Hansen
				- /	• • • •
18a. Tracy Koskin BURIAL CREMATION, REMOVAL, OTH	ED (O K)	- 1	x 6217, Stat		
		ERY OR CREMATORY—NAME		/	Olly or Town State
œ Cremation		Walton's Sierra		196. Carson	<u> </u>
FUNERAL DIRECTOR—SIGNATORE (Or Person Acting as Such)	FUNERA	AL DIRECTOR NAME AND ADDRE	ss of facility Walt	on's Dougla	s County Mortuary
202 >1mmaller	m -1 30	09 200 1478	4th Street,		
Z 21a. To the best of my knowledge	odeath oddurfiid at 14 time, d	atte and place and	22a. On the busic of at the time, da	of examination andfor inves	digetion, in my opinion death occurred a cause(f) and mention stated.
21a. In the best-offing intowed to the to the capital stated. (Signesting and Title) DATE StrineD (Mo., Day, Yi and Day) 21b. NAME OF ATTENDING PHY 21d.				> NV +	874 M. How SELL
DATE SIGNED (Mo., Day, Y	HOUR OF D	DEATH	Signature and Title		OUR OF DEATH
₹ 21b.	21c.		8 200/29	106 2	≈ 1032
NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CER	(TIFIER (Type or Print)		AD (Mo., Day, Yr.) PI	RONOUNCED DEAD (Hour)
- <u>F.</u> O 21d.		\	22d ON 4/7	/2006	te. AT 1032
NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EXAM	INER, OR COHONER). (Typ	e or Print.)	LICENSE NUMBER
23m. Den. Mark	Hounsell P.). Box 218, Mind	an Marrada Ri	0423	235. Badge #374
REGISTRAR	nounsell, 1.0	DATE RECEIVED	BY REGISTRAR (Mo., Day,	アル DEATH DUE TO CO	
24a. (Signature) > / lin	Neum	- 24b. Jun	30 1006	24c. YES∏	NOKI
Control of the contro	ONLY ONE CAUSE PER LINE		" JU, 20	124C. 125	Interval between onest and death
multiple	N N		/		
PART (a) multiple DUE TO, OR AS A CON-					Interval between onset and death
	***************************************				•
(b) blumatí fo	rce trauma				
(DOE TO, DR AS A CORE	SEGUENCE OF:				interval between oneet and death
(c)					
PART OTHER SIGNIFICANT COND	HTTONS—Conditions contribution	ng to death but not resulting in the uno	terlying cause given in Part 1	. AUTOPSY (Spec Yee or N	Wy WAS CASE REFERRED TO OR CORONER (Specify Year or No)
	\			28. Yes	27. Yes
ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Max, Day, Yr.) HC	DUR OF INJURY DESCRIBE	HOW INJURY OCCURRED		
(Specify) accident 256.	4/7/2006 29	c 10:32 am 28d Sk:	ler in collis	sion with a	tree
INJURY AT WORK PLAI	CE OF INJURY At home, fam	n, street, factory, office LOCATION	. STREET OR F	R.F.D. No. CITY	OR TOWN STATE
(Specify Yee or No) 28e. TO 28f.	bulding etc. (S Heavenly Sk			State	eline, Nevada
110	montonity of	T WEBUIT TAN			
				N	, 336096

STATE REGISTRAR

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:

124001

JUN 3 0 2006

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





AP ANN ALTERATION OF FRASHER VOIDS