

DOC # 0687387
10/26/2006 02:20 PM Deputy: SD

OFFICIAL RECORD

Requested By:
KIRT BENSON

APN: 1220-10-310-001

RECORDING REQUESTED BY:
Kirt Benson

WHEN RECORDED MAIL TO:

✓ Name Kirt Benson, Administrator
Address 1395 Waterloo Lane
City,State Gardnerville, NV 89410

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1006 PG- 9940 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT


Kirt Benson, of legal age, being first duly sworn, deposes and says:

That Carol E. Benson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carol Benson named as one of the parties in that certain Grant, Bargain and Sale Deed dated 03/15/1995 executed by Rolando V. Magdamo and Helga Magdamo to Ron D. Benson and Carol Benson, husband and wife, as joint tenants, recorded as instrument No. 359978, on 04/13/1995, in Book 0495, Page 1809, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 36, Country Club Estates as shown on the Official Map recorded in the Office of the County Recorder of Douglas County, Nevada on July 17, 1967 in Book 1 of Maps and Document No. 37147.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$10.00.

Dated : October 26, 2006




Surviving Joint Tenant
Kirt Benson, Administrator

STATE OF NEVADA)SS

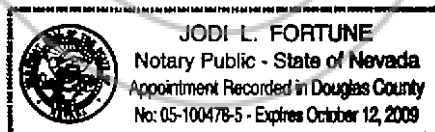
COUNTY OF DOUGLAS

This instrument was acknowledged before me on
October 26, 2006,

by Kirk Benson.



Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 106 IMAGE 119

LOCAL FILE NUMBER

393

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First: Carol Middle: E. Last: BENSON	2. DATE OF DEATH (Month, Day, Year) February 13, 2002	3. COUNTY OF DEATH Washoe
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DECEDENT

3b. CITY, TOWN OR LOCATION OF DEATH Reno	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	4. SEX Female
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IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	8. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 56	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	6. DATE OF BIRTH (Mo., Day, Yr.) December 16, 1945
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9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Ronald Benson
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13. SOCIAL SECURITY NUMBER 7654	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Executive Secretary	14b. KIND OF BUSINESS OR INDUSTRY Hotel/Casino
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PARENTS

15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER 1500 Glenwood Dr.	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
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16. FATHER—NAME First: William Middle: Sloan Last: Sloan	17. MOTHER—MAIDEN NAME First: Vita Middle: Adamo Last: Adamo
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DISPOSITION

18a. INFORMANT—NAME (Type or Print) Ronald Benson	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1500 Glenwood Dr., Gardnerville, Nevada 89410
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19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory	19c. LOCATION City or Town: Carson City, Nevada State: Nevada
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CERTIFIER

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER 9	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada 89706
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21a. To the best of my knowledge and belief, I certify that the time, date and place and due to the cause(s) stated.	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.
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21b. DATE SIGNED (Mo., Day, Yr.) 02/15/02	21c. HOUR OF DEATH 0606	22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
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21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22d. ON
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23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Scott Skallagardli, 45 Piopio #401, Reno NV 89502	23b. LICENSE NUMBER 8810
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CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

24a. REGISTRAR (Signature) <i>Sandi Buckle</i> Dep.	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 19, 2002	24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:

(b) Atrial Fibrillation
DUE TO, OR AS A CONSEQUENCE OF:

(c) Hypertension

CAUSE OF DEATH

PART I OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED
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28e. WORK (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
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STATE REGISTRAR

No. 216364

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: _____

Deborah Lee Hunt

Date: _____

FEB 27 2002

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 PG- 9942
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