

OFFICIAL RECORD

Requested By:

WESTERN TITLE COMPANY INC

APN: 1320-36-002-007

RECORDING REQUESTED By:

WHEN RECORDED MAIL TO:

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-1106 PG- 4405 RPTT: 0.00

Lynn Konrath
c/o Rhonda L. Griswold
Cades Schutte LLP
1000 Bishop Street, Suite 1200
Honolulu, HI 96813



AFFIDAVIT – DEATH OF JOINT TENANT

LYNN KONRATH, of legal age, being first duly sworn, deposes and says:

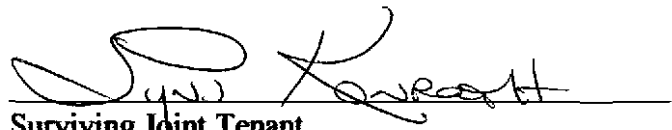
That **GERALD DEAN KONRATH**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **GERALD KONRATH** named as one of the parties in that certain Grant Bargain and Sale Deed, dated May 16, 2003, executed by **THEODORE A. BARNES and NANCY L. BARNES to GERALD KONRATH and LYNN KONRATH**, as joint tenants, recorded as instrument No. 578475, on May 30, 2003, in Book 0503, Page 16170, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 1, in Block G, as shown on the Final Map of WILDFLOWER RIDGE UNIT 6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2544, as Document No. 241311.

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, is valued at a minimum of \$10.00.

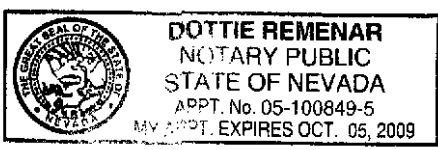
Dated 10/27/06



Surviving Joint Tenant

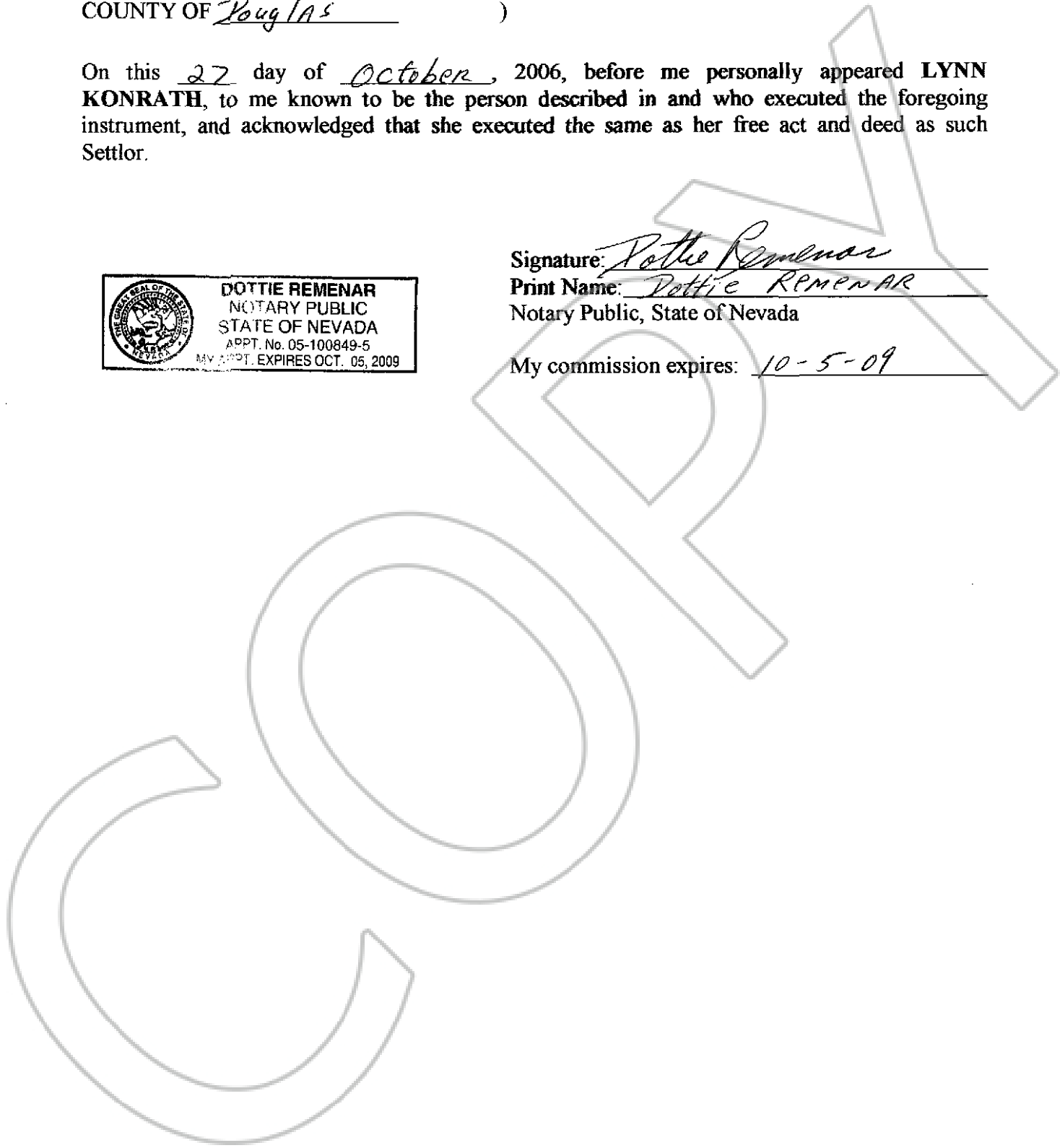
STATE OF NEVADA)
) SS:
COUNTY OF Douglas)

On this 27 day of October, 2006, before me personally appeared LYNN KONRATH, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed as such Settlor.



Signature: Dottie Remenar
Print Name: DOTTIE REMENAR
Notary Public, State of Nevada

My commission expires: 10-5-09



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200634006653

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-16 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GERALD		2. MIDDLE DEAN		3. LAST (Family) KONRATH	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/26/1934		5. AGE Yrs. 72	
6. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER 4134		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 08/16/2006		8. HOUR (24 Hours) 1305	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 11		14.15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOUNDATION DRILLING		19. YEARS IN OCCUPATION 55	
20. DECEDENT'S RESIDENCE (Street and number or location) 1489 WILD IRIS COURT					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP DEBRA Mc CARRAN - DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1091 TWINTREE CIRCLE, GARDEN GROVE, CA 92840			
28. NAME OF SURVIVING SPOUSE - FIRST LYNN		29. MIDDLE KAREN		30. LAST (Maiden Name) LADD	
31. NAME OF FATHER - FIRST JACK		32. MIDDLE KONRATH		34. BIRTH STATE NE	
35. NAME OF MOTHER - FIRST BLANCHE		36. MIDDLE PATENODE		38. BIRTH STATE SD	
39. DISPOSITION DATE mm/dd/yyyy 08/23/2006		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630			
41. TYPE OF DISPOSITION BU		43. LICENSE NUMBER 7914		45. SIGNATURE OF FUNERAL HOME <i>Glennah H. Trochet</i>	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MORTUARY		46. LICENSE NUMBER FD 1051		47. DATE mm/dd/yyyy 08/21/2006	
101. PLACE OF DEATH UCD MEDICAL CENTER		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Facility <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2315 STOCKTON BOULEVARD		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without including the etiology. DO NOT ABBREVIATE. (A) RESPIRATORY DISTRESS SYNDROME (B) ASPIRATION PNEUMONIA (C) RESPIRATORY FAILURE (D) CARCINOMA OF THE SUPRAGLOTTIC LARYNX		Time Interval Between Onset and Death (A) DAYS (B) DAYS (C) WKS (D) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DNR/DNI					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jennifer Dawn McLevy M.D.</i>		116. LICENSE NUMBER A90717	
117. DATE mm/dd/yyyy 07/28/2006		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JENNIFER DAWN MCLEVY M.D. 2521 STOCKTON BLVD STE 7200, SACRAMENTO, CA 95817		117. DATE mm/dd/yyyy 08/17/2006	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE A B C COUNTY OF SACRAMENTO

CERTIFIED COPY OF VITAL RECORDS
000807070

DATE ISSUED: August 29, 2006
LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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

BK- 1106
PG- 4407
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0688491



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE