

OFFICIAL RECORD

Requested By:

MARQUIS TITLE & ESCROW

A.P.N. 1022-10-002-062

When Recorded Mail To:
Winnifred G. Offenstien
3960 Lava Court
Wellington, NV 89444

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1206 PG- 2920 RPTT: 0.00

AFFIDAVIT - DEATH OF JOINT TENANT



The undersigned being first duly sworn, deposes and says:
That **Jack B. Offenstien**, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Jack B. Offenstien** named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 17, 2003, executed by **Richard V. Schudel and Dorothy Fay Schudel, Trustees of The Richard V. Schudel and Dorothy Faye Schudel Family Trust to Jack B. Offenstien and Winnifred G. Offenstien, Husband and Wife as Joint Tenants with rights of survivorship**, recorded as Instrument No. 0593776 on October 16th, 2003 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 11, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 20, 1967, IN BOOK 47, PAGE 761, AS DOCUMENT NO. 35464

Dated: September 26, 2006

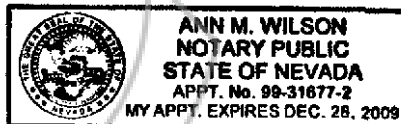
Winnifred G. Offenstien
Winnifred G. Offenstien

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On September 26, 2006, before me, a notary public, personally appeared Winnifred G. Offenstien, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

Ann M. Wilson

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

2005003289

DECEASED	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Jack Bentley OFFENSTEIN			2. November 22, 2005		3a. Washoe
	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. Reno		3c. Tahoe Pacific Hospital-South Meadows		3d. Inpatient	4. Male
PARENTS	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)	UNDER 1 YEAR MOS. : DAYS	UNDER 1 DAY HOURS : MINS
	5. White		6.	7a. 83	7b.	7c.
CERTIFIER	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)	SURVIVING SPOUSE (If wife, give maiden name)
	9a. Kansas		9b. U.S.A.	10. 12 years	11. Married	12. Geraldine Petty
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. [REDACTED] 2900		14a. Engineer		14b. Engineering	
CAUSE OF DEATH	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a. Nevada		15b. Douglas	15c. Wellington		15d. 3960 Lava Court
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	18. Harry Offenstein			17. Beulah Phillips		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Geraldine Offenstein - Wife			18b. 3960 Lava Court, Wellington, NV 89444		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, NV	
CAUSE OF DEATH	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. [Signature]		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410		
CAUSE OF DEATH	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) DATE SIGNED (Mo., Day, Yr.)			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) DATE SIGNED (Mo., Day, Yr.)		
	21b. 11/30/05 21c. 1610 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. [Signature] 22c. [Signature] 22d. ON 22e. AT		
CAUSE OF DEATH	23a. JAVIER MARRATE 1500 E 2nd ST RENO NV 89502					LICENSE NUMBER 23b. 9137
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. November 30, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PNEUMONIA						
PART (a) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
PART (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
PART (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. ESRD / DM / COPD / ATRIAL FIBRILLATION / CORONARY HEART DISEASE				26. no	27. NO	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.		28b.	28c. M	28d.		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28f.			28g.			

STATE REGISTRAR

No. 325272

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

Deputy Registrar: Mary A. Anderson

Date: DEC 15 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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PG- 2921
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