

OFFICIAL RECORD

Requested By:
WESTERN TITLE COMPANY INC

APN#: 1220-22-310-153

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00
BK-0207 PG- 7034 RPTT: 0.00

Recording Requested By:
Western Title Company, Inc.



When Recorded Mail To:
Natalie J. Holman
687 Long Valley Rd.
Gardnerville, NV
89460

Mail Tax Statements to: (deeds only)
Same as Above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature

Ane Wright
Ane Wright Escrow Agent

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

NATALIE J. HOLMAN, of legal age, being first duly sworn, deposes and says:

That MICHAEL K. HOLMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHAEL K. HOLMAN named as one of the parties in that certain GRANT BARGAIN AND SALE DEED dated 08/30/2006 executed by MICHAEL K. HOLMAN, AN UNMARRIED MAN AND RONALD EDWARD HOLMAN AND EVELYN INEZ HOLMAN, HUSBAND AND WIFE to MICHAEL K. HOLMAN AND NATALIE J. HOLMAN, HUSBAND AND WIFE AS JOINT TENANTS as joint tenants, recorded as instrument No. 0683967, on 09/06/2006, in Book0906, Page 1818, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 731 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Affidavit – Death of Joint Tenant – Page 2

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 \$.

Dated 2/16/07

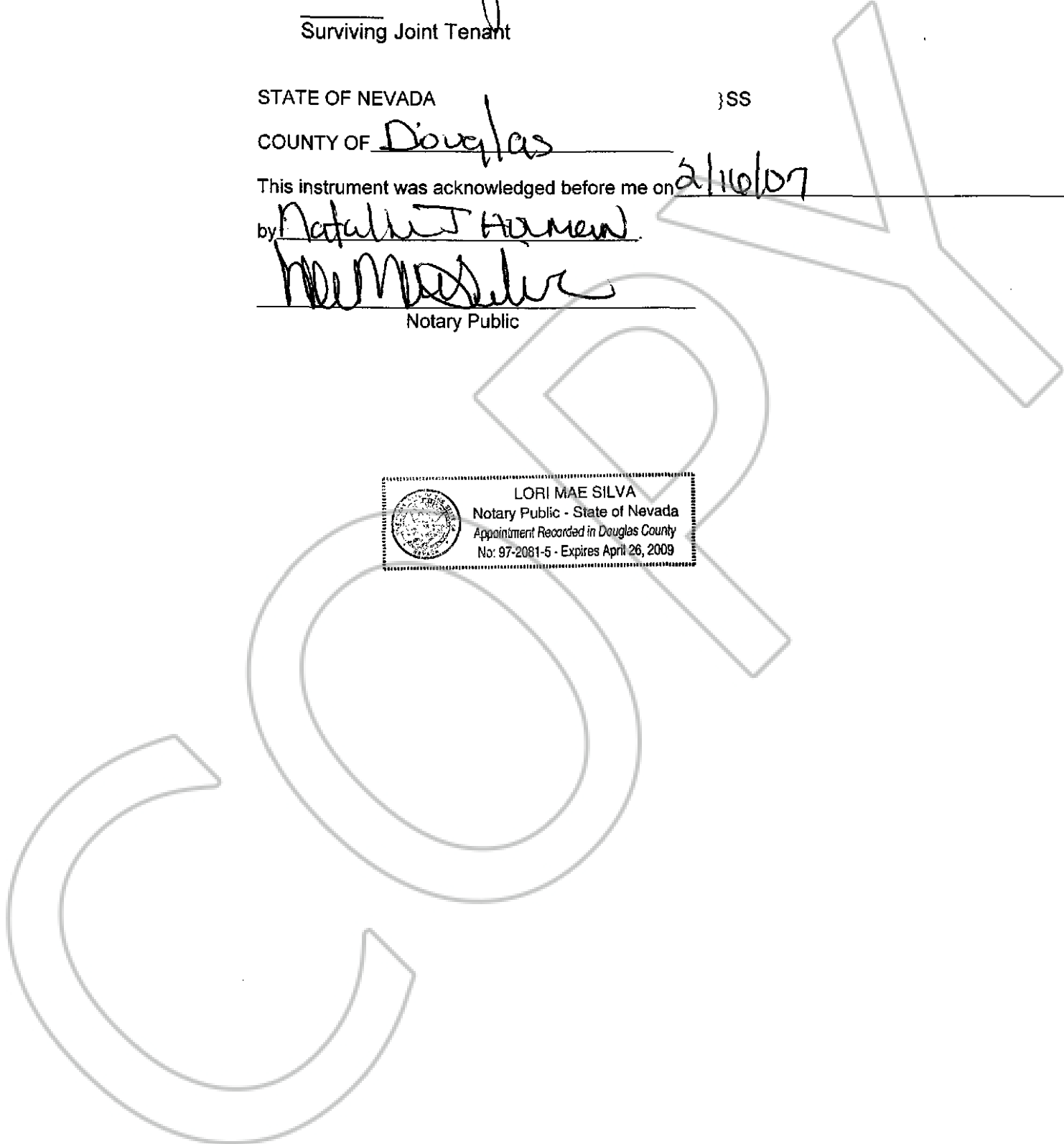
Natalie J. H.
Surviving Joint Tenant

STATE OF NEVADA)
COUNTY OF Douglas)SS

This instrument was acknowledged before me on 2/16/07
by Natalie J. H.

Lori Mae Silva
Notary Public

 LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 97-2081-5 - Expires April 26, 2009



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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Michael Kevin HOLMAN		2. September 8, 2006		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX		4. Male	
3b. Gardnerville		3c. 687 Long Valley Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			
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. 43		7a. 43		8. April 1, 1963	
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. California		9b. U.S.A.		10. 12 Years		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. 6951		14a. Sales		14b. Entertainment Industry		12. Natalie Smith	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Long Valley Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
				16. Ronald Holman		17. Gayle Reanier	
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Natalie Holman - Wife				18b. 687 Long Valley Rd. Gardnerville, Nevada 89460			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		FitzHenry's Carson Valley Funeral	
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. To the best of my knowledge, death occurred on 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.			
(Signature and Title)				(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9/13/2006		21c. 1000		22b. [Signature]		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]				22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						LICENSE NUMBER	
23a. Stephen Hewitt M.D., 1090 3rd St. #1, South Lake Tahoe, CA 96150						23b. 1107	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. September 14, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I (a) Alcoholic liver disease							
DUE TO, OR AS A CONSEQUENCE OF:							
PART II (b) [Blank]							
DUE TO, OR AS A CONSEQUENCE OF:							
PART III (c) [Blank]							
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						AUTOPSY (Specify Yes or No)	
						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	
26a. [Blank]		28b. [Blank]		28c. M		28d. [Blank]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. [Blank]		28f. [Blank]		28g. [Blank]		[Blank]	

TYPE OR PRINT IN PERMANENT BLACK INK

CEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

RENTS

POSITION

CERTIFIER

ADDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

USE OF EARTH

BK- 0207
PG- 7037
4 OF 4 02/22/2007

STATE REGISTRAR

No. 341428

135764

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:

SEP 14 2006

[Signature]
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

