

A.P.N. # 1220-11-001-023
 ESCROW NO. _____
 RECORDING REQUESTED BY:
 Kenneth W. Hellwinkel

WHEN RECORDED MAIL TO:
 Kenneth W. Hellwinkel
 P.O. Box 548
 Gardnerville, NV 89410

DOC # **0696208**
 03/02/2007 10:19 AM Deputy: DW
OFFICIAL RECORD
 Requested By:
KENNETH HELLWINKEL

Douglas County - NV
 Werner Christen - Recorder
 Page: 1 Of 3 Fee: 16.00
 BK-0307 PG- 560 RPTT: 0.00



(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
 COUNTY OF Douglas }

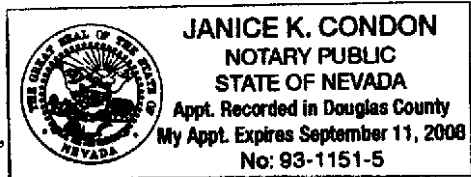
Kenneth W. Hellwinkel, of legal age, being first duly sworn, deposes and says: That Victoria Hellwinkel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Victoria Hellwinkel named as one of the parties in that certain Deed of trust dated June 12, 2001 executed by George Brian Crockett and Ronda Crockett to Kenneth W. Hellwinkel and Victoria Hellwinkel, his wife as joint tenants, recorded as Instrument No. 516428, on June 15, 2001 in Book 0601, Page 3572, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof

DATE: 3-1-07 *Kenneth W. Hellwinkel*
 Kenneth W. Hellwinkel

STATE OF Nevada }
 } ss.
 COUNTY OF Douglas }

This instrument was acknowledged before me on 3-2-07
 by, *Kenneth W. Hellwinkel*



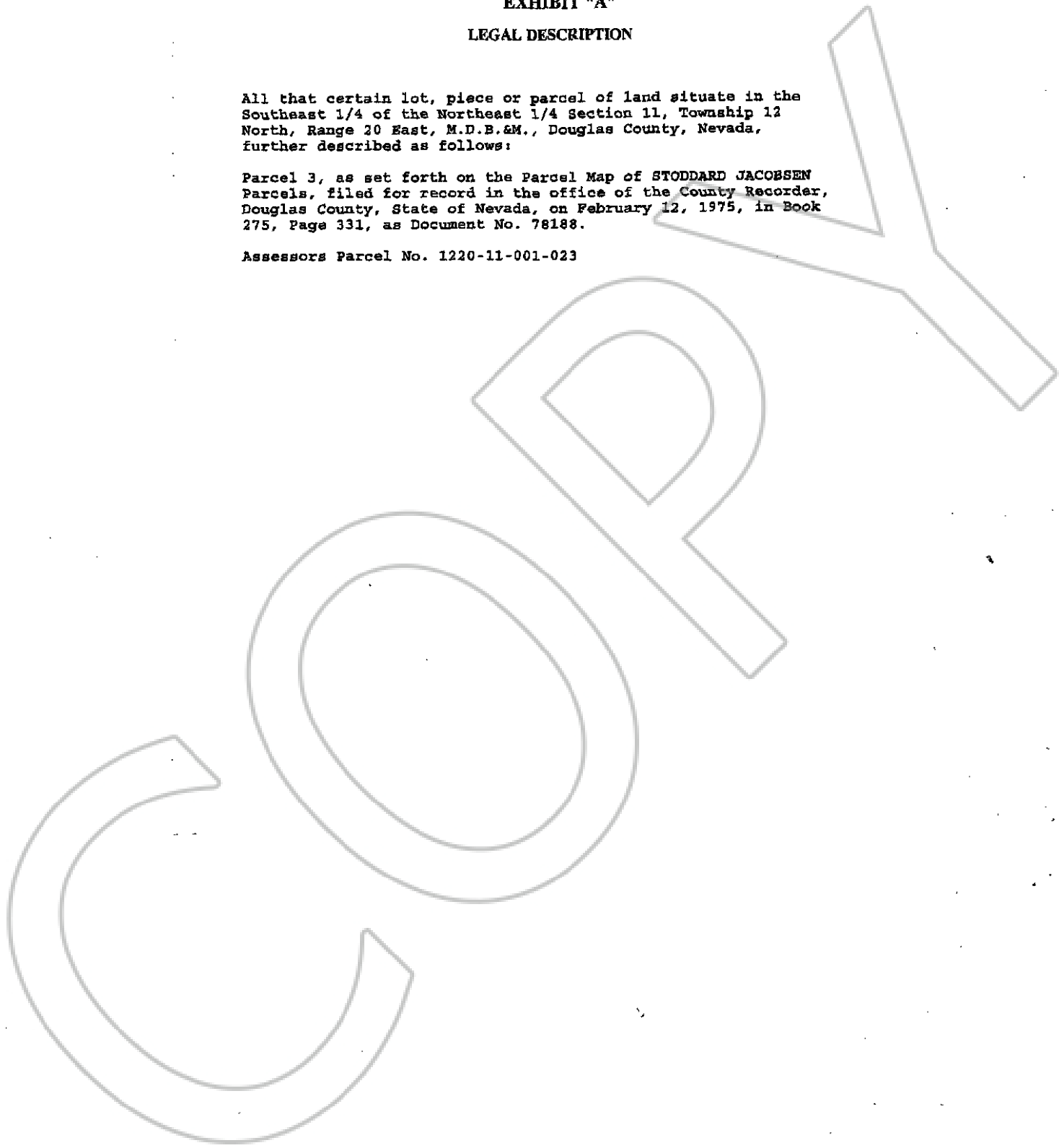
Signature *Jan K Condon*
 Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

EXHIBIT "A"
LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the Southeast 1/4 of the Northeast 1/4 Section 11, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, further described as follows:

Parcel 3, as set forth on the Parcel Map of STODDARD JACOBSEN Parcels, filed for record in the office of the County Recorder, Douglas County, State of Nevada, on February 12, 1975, in Book 275, Page 331, as Document No. 78188.

Assessors Parcel No. 1220-11-001-023



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007000278
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Victoria			1b. MIDDLE HELLWINKEL		1c. LAST HELLWINKEL		2. DATE OF DEATH (Mo/Day/Year) January 22, 2007		3a. COUNTY OF DEATH Carson City		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female			
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 28, 1930			
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kenneth HELLWINKEL				
13. SOCIAL SECURITY NUMBER [REDACTED] 2916			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Bookkeeper				14b. KIND OF BUSINESS OR INDUSTRY Construction				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 450 Foothill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Victor URIONAGUENA						17. MOTHER - NAME (First Middle Last Suffix) Clara					
18a. INFORMANT - NAME (Type or Print) Kenneth HELLWINKEL				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 548 Gardnerville, Nevada 89410							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Fredricksburg Cemetery			19c. LOCATION City or Town State Fredricksburg California 96120					
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423					
TRADE CALL - NAME AND ADDRESS											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOE CHAVEZ M.D. SIGNATURE AUTHENTICATED					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) stated. (Signature & Title)						
21b. DATE SIGNED (Mo/Day/Yr) January 25, 2007			21c. HOUR OF DEATH 16:45			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Joe Chavez M.D. 75 Pringle Way #401 Reno, NV 89502								23b. LICENSE NUMBER 8385			
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death				
PART I	(a) Cardiac Shock		DUE TO, OR AS A CONSEQUENCE OF:				24 Hours				
	(b) Cardiomyopathy, Dilated		DUE TO, OR AS A CONSEQUENCE OF:				Two Years				
	(c) Aortic Stenosis, Severe		DUE TO, OR AS A CONSEQUENCE OF:				Years				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.							26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED						
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN	STATE	

STATE REGISTRAR



0696208 Page: 3 Of 3 03/02/2007

BK- 0307
PG- 562

QSRB1004-Rev-E2a

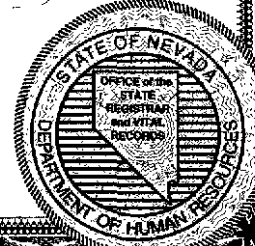
155632 CERTIFIED COPY OF VITAL RECORDS

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: 01/26/2007

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

SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE