

OFFICIAL RECORD

Requested By:

GEORGE M KEELE

APN: 1220-16-210-146

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0407 PG- 3957 RPTT: 0.00



When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

I, BONNIE G. HAESAERTS, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am BONNIE G. HAESAERTS, the same person named as BONNIE G. HAESAERTS, one of the two joint tenants named in that certain DEED recorded on November 30, 2006, as Document No. 689724 in Book 1106, Page 10410, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 1209 Monarch Lane, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 6 in Block H, as said lot and block are shown on that certain map entitled "AMENDED MAP OF RANCHOS ESTATES", filed for record on October 30, 1972, in book 1072, Page 642, as Document No. 62493.

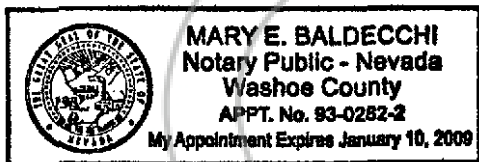
Per NRS 111.312, this legal description was previously recorded at Document No. 689724, Book 1106, Page 10410, on November 30, 2006.

3. ELLEN I. HAAKE, the other joint tenant named in said deed, is the identical ELLEN IRENE HAAKE named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on March 16, 2007, in Douglas County, Nevada.

Bonnie G. Haesaerts  
BONNIE G. HAESAERTS

SIGNED AND SWORN TO (or affirmed)  
before me on April 13, 2007,  
by BONNIE G. HAESAERTS.

Mary E. Baldecchi  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH  
VITAL STATISTICS**

**2007001221**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEASED**

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 Ellen			1b. MIDDLE Irene			1c. LAST HAAKE			2. DATE OF DEATH (Mo/Day/Year) March 16, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville						3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 844 Lyell Way						3d. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify)			4. SEX Female		
5. RACE (e.g. White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE - Last birthday (Years) 51			7b. UNDER 1 YEAR MOS. DAYS			7c. UNDER 1 DAY HOURS. MINS			8. DATE OF BIRTH (Mo/Day/Yr) October 02, 1955		
9a. STATE OF BIRTH (if not U.S.A. name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1209 Monarch Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Merrill FRANCK									17. MOTHER - NAME (First Middle Last Suffix) Frances SULLIVAN								
18a. INFORMANT - NAME (Type or Print) Danny HAESAERTS						18b. MAILING ADDRESS - (Street or R.F.D. No. City or Town, State, Zip) 1334 Leonard Rd Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory						19c. LOCATION City or Town State Carson City Nevada 89706					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> 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) <b>STEPHEN HEWITT DO</b> 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) March 20, 2007						21c. HOUR OF DEATH 22:20			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) Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA											23b. LICENSE NUMBER NV 1107						
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 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))																	
PART (a) End Stage Liver Disease						Interval between onset and death 6 Months											
DUE TO, OR AS A CONSEQUENCE OF (b) Alcoholism						Interval between onset and death Years											
DUE TO, OR AS A CONSEQUENCE OF (c)						Interval between onset and death											
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) No				
28a. ACC, SUICIDE, HCM, 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**



BK- 0407  
PG- 3959  
04/13/2007

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QSRB1004 Rev. E

T06174 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:

03/23/2007

*[Signature]*  
SIGNATURE AUTHENTICATED

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

PSNCO (REV 11/99)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

