

17

OFFICIAL RECORD

Requested By:
KUMMER KAEMPFER BONNER
RENSHAW & FERRARIO LTD
Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0507 PG- 5742 RPTT: 0.00



APN 29-520-13
1220-24-801-011

GRANTEE:
Beatrice Juergens
280 Middle Holland Rd, Apt 729
Holland, PA 18966

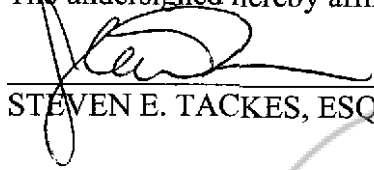
WHEN RECORDED MAIL TO:

✓ Steven E. Tackes, Esq.
Kummer, Kaempfer, et al
510 West Fourth St.
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Beatrice Juergens
280 Middle Holland Rd, Apt 729
Holland, PA 18966

The undersigned hereby affirms that this Affidavit DOES contain Social Security Numbers:


STEVEN E. TACKES, ESQ.

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
CARSON CITY)

SUZANNE KREINES, being first duly sworn, upon oath and under penalty of perjury,
deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That PAUL A. JUERGENS, SR., was my father, he is now deceased.
3. That PAUL A. JUERGENS, JR., was my brother, he is now deceased.
4. That the real property described herein is real property situate in the State of Nevada,

County of Douglas, and more particularly described as follows:

A PARCEL OF LAND SITUATE IN AND BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 24, TOWNSHIP 12 NORTH, RANGE 20 EAST M.D.B.&M., DOUGLAS COUNTY, NEVADA, SAID PARCEL BEING FURTHER DESCRIBED AS FOLLOWS: PARCEL A AS SHOWN ON THAT CERTAIN PARCEL MAP FOR MARVIN STUART, RECORDED JULY 11, 1979, IN BOOK 229, PAGE 601, DOCUMENT NO. 34391, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

5. That PAUL A. JUERGENS, SR., and PAUL A. JUERGENS, JR., were two of the Grantees named in an Individual Grant Deed executed on the 16th day of June, 1997, and recorded in the office of the Recorder of Douglas County, as Document No. 0417402, on the 17th day of July, 1997, and were the identical persons named as PAUL A. JUERGENS, SR., and PAUL A. JUERGENS, JR., the decedents, in those certain death certificates, certified copies of which are attached hereto and made a part hereof by this reference thereto.

5. That PAUL A. JUERGENS, SR., and PAUL A. JUERGENS, JR., should be removed as joint tenant owners of said property as they are deceased.

Suzanne Kreines

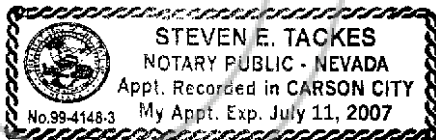
SUZANNE KREINES

STATE OF NEVADA)
 :SS
CARSON CITY)

Signed or sworn to before me on the 7th day of May, 2007 by SUZANNE KREINES.

[Signature]

NOTARY PUBLIC (SEAL)



CERTIFICATION OF VITAL RECORD

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2006005606

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 Paul			1b. MIDDLE Anthony			1c. LAST JUERGENS JR			2. DATE OF DEATH (Mo/Day/Year) December 16, 2006			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Statlina						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 182 Meadow Lane						3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. (Inpatient)(Specify)			4. SEX Male		
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) 50			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) January 12, 1956		
9a. STATE OF BIRTH (if not U.S.A. name country) Pennsylvania			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dealer						14b. KIND OF BUSINESS OR INDUSTRY Gaming					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Statlina			15d. STREET AND NUMBER 182 Meadow Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Paul A JUERGENS SR						17. MOTHER - NAME (First Middle Last Suffix) Beatrice K KISHBAUGH											
18a. INFORMANT - NAME (Type or Print) Suzanne KREINES						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 327 Bernick Drive Langhorne, Pennsylvania 19047											
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) RICK NOEL				20b. FUNERAL DIRECTOR LICENSE 620				20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423									
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON VALDESPINO												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) RON VALDESPINO					
21b. DATE SIGNED (Mo/Day/Yr)				21c. HOUR OF DEATH				22b. DATE SIGNED (Mo/Day/Yr) March 14, 2007				22c. HOUR OF DEATH 10:06					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) December 16, 2006						22e. PRONOUNCED DEAD AT (Hour) 10:06					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ron Valdespino - P.O. Box 218 Minden NV 89423										23b. LICENSE NUMBER							
24a. REGISTRAR (Signature) MIKE NEUMANN						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 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 I (a) Acute Combined Diazepam and Hydrocodone Intoxication												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.												26. AUTOPSY (Specify Yes or No) Yes			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			28b. DATE OF INJURY (Mo/Day/Yr) December 16, 2006			28c. HOUR OF INJURY 1006			28d. DESCRIBE HOW INJURY OCCURRED Ingested Prescription Medications								
28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 182 Meadow Lane Statlina Nevada											

STATE REGISTRAR



BK- 0507
PG- 5744

0701283 Page: 3 OF 4 05/16/2007

T05279 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.

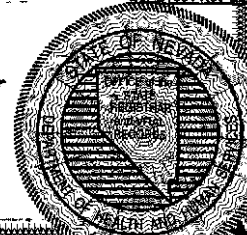
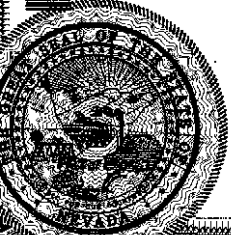
DATE ISSUED: **MAR 19 2007**

[Signature]
STATE REGISTRAR

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

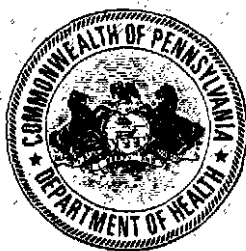
PNCC (Rev) 11/06

502546



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Charles Hardester
Charles Hardester
State Registrar

FEB 10 1999

4845782

No.

Date

H105.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

TYPE/PRINT
OR
PERMANENT
BLACK INK

51

NAME OF DECEDENT (First, Middle, Last) Paul A. Juergens		SEX Male	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF DEATH (Month, Day, Year) 7 Feb. 1999
AGE (Last birthday) 81 Yrs.	UNDER 1 YEAR Months: Days	UNDER 1 DAY Hours: Minutes	DATE OF BIRTH (Month, Day, Year) 9/17/1917	BIRTHPLACE (City and State or Foreign Country) Phila., PA
COUNTY OF DEATH Philadelphia	CITY, BORO, TWP. OF DEATH Philadelphia	FACILITY NAME (If not mentioned, give street and number) Chestnut Hill Hospital	PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> EMPLOYERS <input type="checkbox"/> DOA <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
DECEDENT'S USUAL OCCUPATION Supervisor	KIND OF BUSINESS/INDUSTRY School Dist. Phila.	WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (14 & 3+) 17+	MARITAL STATUS Married
DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 8005 Southampton Ave. Wyndmoor, PA 19038	DECEDENT'S RESIDENCE (See instructions on other side) 17a. State Pennsylvania 17b. County Montgomery	Did decedent live at a transient? <input type="checkbox"/> Yes, check street and house number <input type="checkbox"/> No, check street and house number of city/town	SURVIVING SPOUSE (If wife, give maiden name) Beatrice Kishbaugh	
FATHER'S NAME (First, Middle, Last) Leopold H. Juergens	MOTHER'S NAME (First, Middle, Maiden Surname) Mary Farnan	INFORMANT'S NAME (Type Print) Beatrice K. Juergens		
INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 8005 Southampton Ave. Wyndmoor, PA 19038		PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place Holy Sepulchre Cemetery		
METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		DATE OF DISPOSITION (Month, Day, Year) 11 Feb. 1999	LOCATION - City/Town, State, Zip Code Glenside, PA 19038	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER FD-012970-L	NAME AND ADDRESS OF FACILITY J Ruth 8413 Germantown Ave Phila, PA 19118	
To the best of my knowledge, death occurred at the time, date and place stated (Signature and Title) <i>[Signature]</i>		LICENSE NUMBER M70410307	DATE SIGNED (Month, Day, Year) 02/07/99	
TIME OF DEATH 0345		DATE PRONOUNCED DEAD (Month, Day, Year) 02/07/99	WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): Coronary artery Disease		PART II: Other significant conditions contributing to the death, but not resulting in the underlying cause given in PART I. Recent Colon resection for early cancer		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days		
WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Hanging Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>		
CERTIFIER (Check only one) To the best of my knowledge, I, Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		DATE OF INJURY (Month, Day, Year)		
PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		TIME OF INJURY		
MEDICAL EXAMINER/CORONER 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 as stated.		INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
REGISTRAR'S SIGNATURE AND NUMBER <i>[Signature]</i> - 51001		DESCRIBE HOW INJURY OCCURRED		
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		
LICENSE NUMBER M0019016		LOCATION (Street, City/Town, State, Zip Code)		
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print Eugene P. Hughes 2615 Germantown Ave Phila PA 19118		DATE FILED (Month, Day, Year) FEB 09 1999		

ALIAS USED
1170
PROHIBITED BY PHYSICIAN
CAUSE OF DEATH
WAS AN AUTOPSY PERFORMED
CERTIFIER
NAME OF DECEDENT
JUERGENS, PAUL

