

OFFICIAL RECORD

Requested By:
 STEWART TITLE

A.P.N. # 1220-22-210-161
 ESCROW NO. 070300538 *DS*
 RECORDING REQUESTED BY:
 STEWART TITLE COMPANY

Douglas County - NV
 Werner Christen - Recorder
 Page: 1 Of 3 Fee: 16.00
 BK-0507 PG- 8356 RPTT: 0.00



WHEN RECORDED MAIL TO:

Sharon Peterson
 5542 7th Avenue
 Sacramento, Ca 95820

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
 COUNTY OF Douglas }

Sharon Peterson, Guardian, of legal age, being first duly sworn, deposes and says: That Mary M. Ashick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary M. Ashick named as one of the parties in that certain Grant Deed dated March 31, 1998 executed by Joan S. Wenk and Geoffrey R. Wenk to Gordon V. Ashick and Mary M. Ashick, husband and wife as joint tenants, recorded as Instrument No. 0438446, on April 29, 1998 in Book 0498, Page 5790-91, 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

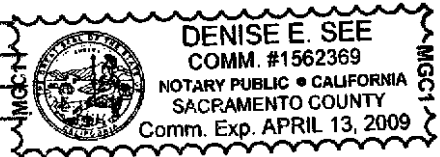
DATE: April 25, 2007

Sharon Peterson
 Sharon Peterson, Guardian

STATE OF ~~Nevada~~ Calif
 COUNTY OF ~~Douglas~~ Sacramento ss.

This instrument was acknowledged before me on 4.28.07
 by Sharon Peterson, Guardian

Signature: Denise E. See



Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 070300538

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 581, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Assessors Parcel No. 1220-22-210-161



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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

RELATIVES

POSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Mary M. ASHICK		2. March 28, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 658 Bowles Lane		4. Female	
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.	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 80		MOS : DAYS	
		UNDER 1 DAY	
		HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. October 16, 1924		11. Married	
STATE OF BIRTH (If not U.S.A., name country)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Ohio		12. Gordon Ashick	
CITIZEN OF WHAT COUNTRY		Decedent's Education: Specify highest grade completed.	
9b. U.S.A.		10. 12 Years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 549-32-2676		14a. Homemaker	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		14b. Own Home	
COUNTY		CITY, TOWN, OR LOCATION	
15b. Douglas		15c. Gardnerville	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 658 Bowles Ln.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16.		17. Ruth Hopper	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Gordon Ashick - Husband		18b. 658 Bowles Lane, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 217	
		NAME AND ADDRESS OF FACILITY	
		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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)		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)	
21b. 4-5-05		22b. 1406	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21c. 1406		22c. 1406	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Judith Rosso D.O.		22d. ON 1406	
		22e. AT 1406	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Judith Rosso D.O., 1520 Virginia Ranch, Gardnerville, NV 89410		23b. 750	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. April 7, 2005	
DEATH DUE TO COMMUNICABLE DISEASE		24c. 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) Respiratory Failure		: Immediate	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) Cardiac arrest		: Immediate	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) Cong CA (highly suggestive on CT; not biopsy-proven)		: months	
PART II 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	
		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		27. No	
ACC. SUICIDE HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
		HOUR OF INJURY	
		28c. M	
		DESCRIBE HOW INJURY OCCURRED	
		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
29a.		28f.	
		LOCATION.	
		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
		28g.	

STATE REGISTRAR

No. 283713

59043

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:

APR - 7 2005

This copy is not valid unless prepared



STATE REGISTRAR
BK- 0507
PG- 8358

