

APN#: 1220-22-410-049

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-0707 PG- 2392 RPTT: 0.00

Recording Requested By:
Western Title Company, Inc.

012573-KMB
When Recorded Mail To:
Andrea H. Sorrentino
1438 Sally Lane
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 contain the social security number of a person or persons.

Signature  _____ Owner
Andrea H. Sorrentino

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

Andrea H. Sorrentino and Anthony J. Sorrentino, wife and husband as joint tenant, of legal age, being first duly sworn, deposes and says:

That Wiltrud Moritz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wiltrud Moritz, an unmarried woman named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 6, 2007 executed by Jose C. Maes and Peggy Ann Maes, husband and wife as joint tenants to Andrea H. Sorrentino and Anthony J. Sorrentino, wife and husband and Wiltrud Moritz, an unmarried woman, all as joint tenants, recorded as instrument No. 0698650, on April 6, 2007, 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 840 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974 as Document No. 72456.

EXCEPTING oil, gas and mineral rights, as described in the Deed recorded January 6, 1977 as File No. 5940, Official Records.

June 2, 2007



Andrea H. Sorrentino, Surviving Joint Tenant



Anthony J. Sorrentino, Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF CARSON CITY

This instrument was acknowledged before me on
July 3, 2007

By Andrea H. Sorrentino and Anthony J.
Sorrentino.



Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LASSEN

SUSANVILLE, CALIFORNIA 96130

CERTIFICATE OF DEATH

3200718000069

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Surname)	
Wiltruda		V.		Moritz	
4. DATE OF BIRTH (month/day/year)					
12/15/1935					
5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds					
71					
6. SEX		8. HOURS IN OCCUPATION			
F		1400			
9. BIRTH STATE/PROVINCE/COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
Germany		[REDACTED]		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at time of death)		13. DATE OF DEATH (month/day/year)			
Divorced		06/01/2007			
14. EDUCATION - Highest Level (Degrees, etc., as indicated on back)		15. WAS OCCIDENT HISPANIC/LATINO/AMERICAN? (if yes, see instruction on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
Associates		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Cosmetologist		Beautician		65	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1438 Sally Lane					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Gardnerville		Douglas		89410	
24. YEARS IN COUNTY		25. STATE/PROVINCE/COUNTRY			
3		NV			
26. INFORMANT'S NAME, RELATIONSHIP					
Andrea Sorrentino / Daughter					
27. INFORMANT'S MAILING ADDRESS (Street and number or care of, room number, city or town, state, ZIP)					
1438 Sally Lane Gardnerville, NV 89410					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Surname Name)	
Heinrich				Moritz	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Heinrich				Moritz	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. LAST	
Hermine				Ritter	
37. BIRTH STATE		38. BIRTH STATE			
Germany		Germany			
39. BIRTH STATE		39. BIRTH STATE			
Germany		Germany			
40. DISPOSITION DATE (month/day/year)		41. PLACE OF FINAL DISPOSITION			
06/07/2007		RES 1438 Sally Lane Gardnerville, NV 89410			
42. TYPE OF DISPOSITION		43. SIGNATURE OF REGISTRAR			
CR/RES		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Walton's Colonial Mortuary		FD 0707		JULIE BUSTAMANTE	
47. DATE (month/day/year)		48. DATE (month/day/year)			
06/18/2007		06/18/2007			
49. PLACE OF DEATH					
Hamilton Mountain					
50. COUNTY		51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		52. CITY	
Lassen		Hamilton Mountain		Susanville	
53. CAUSE OF DEATH (Enter the chain of events - disease, infection, or complication - that directly caused death. DO NOT write terminal terms such as cardiac arrest, respiratory arrest, or vascular failure without stating the cause. DO NOT abbreviate.)					
Pending					
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 53)					
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 49 OR 54? (If yes, list type of operation and date)					
NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>					
56. IF FEMALE, PRESENT IN LAST YEAR					
NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>					
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) NOTED.		58. SIGNATURE AND TITLE OF CERTIFIER		59. LICENSE NUMBER	
[Signature]		[Signature]		[Signature]	
60. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) NOTED.		61. INJURED AT WORK?		62. INJURY DATE (month/day/year)	
[Signature]		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>		[Signature]	
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
[Signature]					
64. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
[Signature]					
65. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
[Signature]					
66. SIGNATURE OF CORONER / DEPUTY CORONER		67. DATE (month/day/year)		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		06/06/2007		STLAS BOLLINGER - DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

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 PG- 2395
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STATE OF CALIFORNIA
 COUNTY OF LASSEN

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED JUN 18 2007



000030095

This is a true and exact reproduction of the document officially registered and placed on file with the LASSEN COUNTY-CLERK-RECORDER.

[Signature]
 JULIE BUSTAMANTE
 LASSEN COUNTY CLERK-RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE