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DOC # 0709115
09/12/2007 04:00 PM Deputy: GB

OFFICIAL RECORD

Requested By:

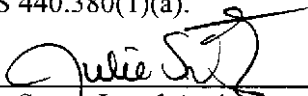
ANDERSON & DORN, LTD

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0907 PG-2402 RPTT: 0.00



This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Julie Svetz, Legal Assistant

APN: 1220-24-801-005

RECORDING REQUESTED BY:

Bradley B. Anderson, Esq.
Anderson & Dorn, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

✓ GEORGE F. WENNHOLD
P. O. Box 1544
Minden, Nevada 89423

MAIL TAX STATEMENTS TO:

GEORGE F. WENNHOLD
P. O. Box 1544
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

I, GEORGE F. WENNHOLD, who took title as GEORGE FRANCIS WENNHOLD the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the husband and sole surviving joint tenant of CONSTANCE JOAN WENNHOLD.
- (2) That an Individual Grant Deed, dated January 3, 1994, was made by GEORGE FRANCIS WENNHOLD and CONSTANCE JOAN WENNHOLD, husband and wife as joint tenants with rights of survivorship, as recorded in Douglas County, State of Nevada on February 22, 1994 as document no. 330663.
- (3) That the property subject to joint tenancy is described in Exhibit A attached.

(4) That CONSTANCE JOAN WENNHOLD died on March 14, 2007 in Gardnerville, County of Douglas, Nevada. The death certificate is attached hereto as Exhibits B.

Executed on this 10th day of May, 2007, at Reno, Nevada.

GF Wennhold
GEORGE F. WENNHOLD

SUBSCRIBED AND SWORN TO before me this 10th day of May, 2007.

Julie Svetz
Notary Public



EXHIBIT "A"

LEGAL DESCRIPTION:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located in the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 24, Township 12 North, Range 20 East, M.B.D. 7 M., Douglas County, Nevada, more particularly described as follows:

Commencing at the centerline intersection of Palomino Lane and Apaloosa Lane as shown on the official Map of Ruhenstroth Ranchos Subdivision, as filed in the Douglas County Courthouse on April 14, 1965, File No. 27706, proceed thence West 264 feet along the centerline of said Palomino Lane, to the TRUE POINT OF BEGINNING which is the Northeast corner of the parcel; thence South, 660.00 feet, to the Southeast corner of parcel; thence west 39.44 feet to a point; thence South $31^{\circ}16'$ West, 161.44 feet, to the Southwest corner of the parcel; thence North 798.00 feet, to the Northwest corner of the parcel; thence East 123.20 feet, along the centerline of Palomino Lane, to the POINT OF BEGINNING.

Per NRS 111.312- The Legal Description above appeared previously in that Individual Grant Deed recorded on February 22, 1994, as Document No. 330663 in Douglas County Records, Douglas County, Nevada.

APN: 1220-24-801-005

PROPERTY ADDRESS: 637 Cunningham Lane, Gardnerville, NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007004298
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 Constance			1b. MIDDLE Joan			1c. LAST WENNHOLD			2. DATE OF DEATH (Mo/Day/Year) March 14, 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) 637 Cunningham Lane						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			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) 50		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 07, 1956			
9a. STATE OF BIRTH (if not U.S.A., name country) Washington				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) George WENNHOLD			
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Board Trustee						14b. KIND OF BUSINESS OR INDUSTRY Douglas County School District					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 637 Cunningham Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First, Middle, Last, Suffix) Richard HIX						17. MOTHER - NAME (First, Middle, Last, Suffix) Jody GIESE											
18a. INFORMANT - NAME (Type or Print) George WENNHOLD						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 1544 Minden, Nevada 89423											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory						19c. LOCATION City or Town State Carson City Nevada 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410									
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) MIKE BIAGGINI 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) MIKE BIAGGINI SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr) July 17, 2007			21c. HOUR OF DEATH 14:07			22b. DATE SIGNED (Mo/Day/Yr) July 17, 2007			22c. HOUR OF DEATH 14:07								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) March 14, 2007			22e. PRONOUNCED DEAD AT (Hour) 14:07								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lieutenant Mike Biaggini P.O. Box 218 Minden, NV 89423											23b. LICENSE NUMBER 141						
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 18, 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) Undetermined						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b)						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(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. Subarachnoid Hemorrhage and Hypertensive Cardiovascular Disease											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)			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					

AKA: Connie WENNHOLD

STATE REGISTRAR



BK- 0907
PG- 2405
09/12/2007

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157924 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:

07/18/2007

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

SIGNATURE AUTHENTICATED



PBCCO (Rev) 11/06