

16-
DOC # 0712617
11/05/2007 04:42 PM Deputy: DW
OFFICIAL RECORD
Requested By:
WAYNE E HILTGEN

A.P.N. 1420-29-810-007

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

✓ Kathleen Hiltgen

1153 Chaparral Ct

Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1107 PG- 1491 RPTT: 0.00



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF COMMUNITY INTEREST

Kathleen L. Hiltgen, of legal age, being duly sworn, deposes and says

That **Wayne Eugene Hiltgen**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Wayne E. Hiltgen** named as one of the parties in that certain **GRANT, BARGAIN, SALE DEED** dated **December 19, 1997**, executed by **Wayne E. Hiltgen and Kathleen L. Hiltgen**, husband and wife as joint tenants to **Wayne E. Hiltgen and Kathleen L. Hiltgen**, husband and wife as Community Property with right of survivorship, recorded as Instrument No. **0429314**, on **December 29, 1997**, in Book **1297**, Page **5178**, of Official Records of **DOUGLAS** County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 51, BLOCK A, AS SET FORTH ON FINAL MAP OF SARATOGA SPRINGS ESTATES UNIT 1, A PLANNED UNIT DEVELOPMENT FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 5, 1990 IN BOOK 690, PAGE 525, AS DOCUMENT NO. 227472.

Dated: October 31, 2007

Kathleen L. Hiltgen

KATHLEEN L. HILTGEN

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA

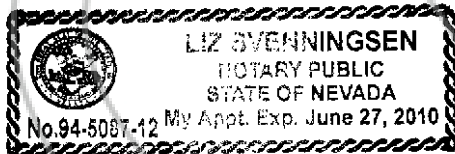
)
SS.

COUNTY OF CARSON CITY)

On OCTOBER 31, 2007 before me, the undersigned, a Notary Public in and for said State and County, personally appeared KATHLEEN L. HILTGEN known to me to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

Signature

Liz Svenningsen
Notary Public



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

PRECEDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE DEPLYING USE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			STATE FILE NUMBER					
1. Wayne Eugene HILTGEN			February 23, 2006			3a. Carson City								
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX					
3b. Carson City			Carson Tahoe Regional Medical Center			3a. Inpatient			4. Male					
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.			AGE—Last Birthday (Years)			DATE OF BIRTH (Mo., Day, Yr.)					
5. White			6.			7a. 57			8a. December 15, 1948					
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)		
9a. South Dakota			9b. U.S.A.			10. 12			11. Married			12. Kathleen L. Triffon		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
13. 6563			14a. Technician			14b. Automotive								
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
15a. Nevada			15b. Douglas			15c. Minden			15d. 1153 Chaparral Ct			15e. NO		
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
16. Robert J. Hiltgen			17. Ruth P. Lamis											
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)											
18a. Kathleen L. Hiltgen			18b. 1153 Chaparral Ct., Minden, Nevada 89423											
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
19a. Cremation			19b. Walton's Sierra Crematory			19c. Carson City Nevada								
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY								
20a. Jimmy Dermoody			20b. 09			20c. 1281 N. Roop St., Carson City, Nevada 89706								
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)											
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
21b. 3-1-06			21c. 22:45			22b.			22c.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT								
21d.														
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER											
23a. Robert L. McDonald, M.D., 200 Bath St. #1, Carson City, NV			23b. 6433											
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
24a. (Signature) Jimmie Evans			24b. March 2, 2006			24c. 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) Heart Failure			Interval between onset and death			Hours					
			DUE TO, OR AS A CONSEQUENCE OF:											
			(b) Ischemic Heart Disease			Interval between onset and death			Years					
			DUE TO, OR AS A CONSEQUENCE OF:											
			(c) Ventricular Tachycardia			Interval between onset and death			Days					
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			27. NO		
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED					
28a.			28b.			28c. M			28d.					
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION			STREET OR R.F.D. No.			CITY OR TOWN STATE		
28e.			28f.			28g.								

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11/05/2007

STATE REGISTRAR

No. 334509

105753

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 - 2 2006

Robert L. McDonald
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

