

APN# : 1022-10-002-084

DOC # 720372
03/27/2008 12:00PM Deputy: GB
OFFICIAL RECORD
Requested By:
WESTERN TITLE INC CARSON
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-308 PG-6377 RPTT: 0.00



Recording Requested By:
Western Title Company, Inc.

0171652-LMS
When Recorded Mail To:
Gregg A. Filippi
932 Monument Peak
Piedmontville, NV
89410

Mail Tax Statements to: (deeds only)

N/A

(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

Gregg A. Filippi Owner

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

GREGG A FLIEGEL, of legal age, being first duly sworn, deposes and says:

That GINA A FLIEGEL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GINA A FLIEGEL named as one of the parties in that certain GRANT DEED dated AUGAUST 26, 1996 executed by to as joint tenants, recorded as instrument No395559 , on ,AUGUST 30, 1996 in Book,0896 Page 5746, 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 176, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 20, 1967, Document No. 35464.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$.

Dated 3/27/08



Gregg A Fliegel
GREGG A FLIEGEL
Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF 3/27/08 Carson City

This instrument was acknowledged before me on 3/27/08

by Gregg A Fliegel

Lori Mae Silva
Notary Public

 LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 97-2081-5 - Expires April 28, 2009

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**

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Gina Ann FLIEGEL			2. June 24, 2006		3a. Douglas
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. Gardnerville		3c. 932 Monument Peak Dr.		3e.	4. Female
RACE—(a.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)	UNDER 1 YEAR MOS : DAYS
5. White		6.		7a. 43	7b. : : 7c. : :
STATE OF BIRTH (If not U.S.A., name country)		CITY OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. California		9b. U.S.A.		10. 13 Years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. ████████-9334		14a. Real Estate Agent		11. Married	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		DATE OF BIRTH (Mo., Day, Yr.)
15a. Nevada		15b. Douglas	15c. Gardnerville		8. May 18, 1963
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		SURVIVING SPOUSE (If wife, give maiden name)	
16. Thomas Brady		17. Margaret Boyle		12. Gregg Fliegel	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Gregg Fliegel - Husband			18b. 932 Monument Peak Dr. Gardnerville, Nevada 89460		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. 217	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) <i>[Signature]</i>			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) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
21b. 6-28-06			22b.		
HOUR OF DEATH			HOUR OF DEATH		
21c. 0315			22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER		
23a. John Kelly M.D., 2874 N. Carson St. Carson City, Nevada 89706			23b. 210		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		24b. June 3, 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) Lung Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				14 months	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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.				AUTOPSY (Specify Yes or No)	
				26. No	
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)				WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.				27. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
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.	



BK-308
PG-6380

No. 338586

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CERTIFIED COPY OF VITAL RECORDS

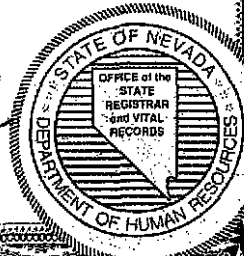
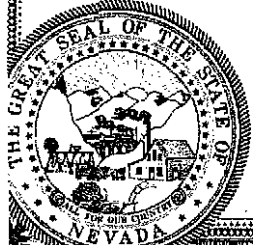
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

JUN 30 2006

DATE ISSUED:

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