

APN 1219-03-002-025

Assessor's Parcel Number: 19-051-07
Recording Requested by:
Jenkins Law Office, PC
423 W. Plumb Lane
Reno, NV 89509

DOC # 0721451
04/15/2008 03:08 PM Deputy: GB
OFFICIAL RECORD
Requested By:
JENKINS LAW OFFICE

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 5 Fee: 18.00
BK-0408 PG-3774 RPTT: 0.00



Mail Tax Statements to:
Nick James Jobe, Jr.,
Guardian of Betty L. Imobersteg
7499 Parnell Avenue
Las Vegas, NV 89147

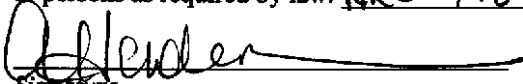
1219-03-002-025

Affirmation Statement

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

X I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 446.380


Signature

Amy Henderson, Esq.

Attorney for the Guardianship of Betty L. Imobersteg
Title

AFFIDAVIT OF DEATH OF JOINT TENANT
(title of document)

If legal description is a metes and bounds description furnish the following information:

Legal description obtained from: Grant, Bargain and Sale Deed (Document title), Book: 775 Page: 578
Document # 81711 recorded 07/21/1975 (Date) in the Douglas County Recorder's Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 § 1-4.

APN: 19-051-07

RECORDING REQUESTED BY:
JENKINS LAW OFFICE, PC
423 W. Plumb Lane
Reno, NV 89509

WHEN RECORDED RETURN TO:
JENKINS LAW OFFICE, PC
423 W. Plumb Lane
Reno, NV 89509

MAIL TAX STATEMENTS TO:
Nick James Jobe, Jr.
Guardian of Betty L. Imobersteg
7499 Parnell Avenue
Las Vegas, NV 89147

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF CARSON CITY)

NICK JAMES JOBE, JR., as Guardian of the Estate and Person of Betty

L. Imobersteg, does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1. That BETTY L. IMOBERSTEG was a grantee in that certain Deed dated July 14, 1975, wherein JUNE E. DUNN is the party of the first part, and REESE IMOBERSTEG and BETTY IMOBERSTEG, husband and wife, as joint tenants with right of survivorship are the parties of the second part, conveying to said parties of the second part all the right, title, and fee interest of the parties of the first part in that certain lot, piece, or parcel of land situated in Douglas County, State of Nevada, and more

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(775) 324-9970

particularly described as follows:

(See Exhibit "A" attached hereto and incorporated herein by this reference.)

That the said Deed was recorded on July 21, 1975, in the Official Records of Douglas County, Nevada, in Book 775, at Page 578, as Document No. 81711.

2. That REESE IMOBERSTEG, one of the joint tenant parties of the second part in said Deed, died on February 23, 2008, in Douglas County, State of Nevada, and is the identical person named in that certified copy of death certificate attached hereto as Exhibit "B" and incorporated herein by this reference.

3. That the affiant is the duly appointed Guardian of the Person and Estate of BETTY L. IMOBERSTEG, decedent's spouse and the surviving joint tenant.

4. That this affidavit is executed pursuant to NRS 111.365.

Further Affiant sayeth naught.

DATED April 9, 2008.

Nick James Jobe, Jr.

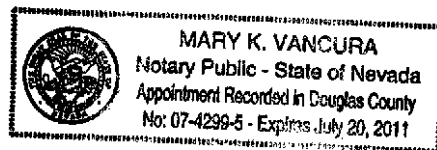
Nick James Jobe, Jr.,
Guardian of the Person and Estate of Betty
L. Imobersteg

On April 9, 2008, before me, a notary public, personally appeared NICK JAMES JOBE, JR., personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Mary K. Vancura

NOTARY PUBLIC



Jenkins Law Office, PC
423 W. Plumb Lane
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EXHIBIT "A"

All that certain parcel of real property situated in Douglas County, State of Nevada, more particularly described as follows:

A PARCEL OF LAND, LOCATED IN THE SOUTHWEST QUARTER OF THE OF THE SOUTHWEST QUARTER OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B.&M., CARSON VALLEY, DOUGLAS COUNTY, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID SECTION 3, PROCEED ALONG THE SECTION LINE NORTH $0^{\circ}12'19''$ WEST, 632.70 FEET, TO THE TRUE POINT OF BEGINNING, WHICH IS THE SOUTHWEST CORNER OF THE PARCEL; CONTINUE THENCE ALONG SAID SECTIONLINE, NORTH $0^{\circ}12'19''$ WEST, 243.00 FEET, TO THE NORTHWEST CORNER OF THE PARCEL; THENCE NORTH $89^{\circ}57''$ EAST, 297.23 FEET, TO THE NORTHEAST CORNER OF THE PARCEL; THENCE SOUTH $0^{\circ}12'19''$ EAST, 163.00 FEET, TO A POINT, THENCE SOUTHWESTERLY, AROUND A CURVE TO THE LEFT, HAVING A RADIUS OF 45 FEET, A CENTRAL ANGLE OF $96^{\circ}44'40''$, AND A LENGTH OF 75.97 FEET TO A POINT; THENCE SOUTH $83^{\circ}03'01''$ WEST, 246.41 FEET, TO THE TRUE POINT OF BEGINNING.

Being Assessor's Parcel Number 19-051-07.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008003796

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,MIDDLE,LAST,SUFFIX) Reese William IMOBERSTEG		2. DATE OF DEATH (Mo/Day/Year) February 23, 2008		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) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1920		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Betty JOBE	
13. SOCIAL SECURITY NUMBER 6114		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bus Driver		14b. KIND OF BUSINESS OR INDUSTRY Grayhound	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 218 Jobe Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) William Tell IMOBERSTEG			17. MOTHER - NAME (First Middle Last Suffix) Lillian Olive WESTERGREEN		
18a. INFORMANT- NAME (Type or Print) Nick James JOBE JR.		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7499 Parnell Avenue Las Vegas, Nevada 89417			
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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)			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)		
21b. DATE SIGNED (Mo/Day/Yr)			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
			22e. PRONOUNCED DEAD AT (Hour)		
			22f. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TODD MCEWEN DEP. COR. PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER 427	
24a. REGISTRAR (Signature) SARAH KOERNER			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
PART I (a) Hypertensive Atherosclerotic Cardiovascular Disease					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					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.					26. AUTOPSY (Specify Yes or No) No
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HGM., 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	

STATE REGISTRAR



BK- 0408
PG- 3778

0721451 Page: 5 Of 5 04/15/2008

VRS-Rev-2009P

199256 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 13 2008

This copy is not valid unless prepared on a 2 1/2" border displaying date, seal and signature of Registrar.

PHCO (Rev) 1/06

Rid W...
STATE REGISTRAR

