

OFFICIAL RECORD

Requested By:  
HENRY W CAVALLERA

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0608 PG- 6844 RPTT: 0.00



Mail Tax Statements and  
When Recorded Mail to:

✓ WALTER J. SPAELTI  
1792 Canterbury Drive  
Minden, NV 89423

A.P. # ~~25-711-33~~  
1320-29-117-001

DEATH OF GRANTOR AFFIDAVIT

EILEEN MARIE BROOKS, Guardian of the Person and Estate of KATHRYN M. SPAELTI, being duly sworn, deposes and says that KATHRYN M. SPAELTI, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as KATHRYN M. SPAELTI, named as the grantor in the deed recorded on June 7, 2006, as Document No. 0676733, records of Douglas County, Nevada, covering the following described property:

Lot 211, shown on the Official Plat of WINHAVEN, UNIT NO. 5, filed for record in the office of the County Recorder of Douglas County, Nevada on February 10, 1994, in Book 294 of Official Records at page 1845, as Document No 329790.

WALTER J. SPAELTI is the grantee to whom the real

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property is conveyed upon the death of the grantor KATHRYN  
M. SPAELTI.

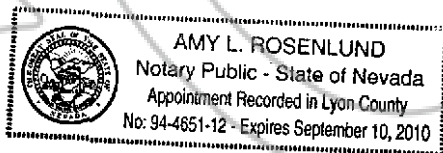
DATED this 6<sup>th</sup> day of March, 2008

Eileen Marie Brooks  
EILEEN MARIE BROOKS, Guardian of  
the Person and Estate of KATHRYN M.  
SPAELTI

STATE OF NEVADA     )  
                                  )     ss.  
COUNTY OF WASHOE    )

On this 6<sup>th</sup> day of March, in the  
year 2008, before me, Amy L. Rosenlund, a Notary  
Public in and for said state, personally appeared EILEEN  
MARIE BROOKS, personally known to me to be the person who  
executed the above instrument, and acknowledged to me that  
he executed the same for purposes stated therein.

Amy L. Rosenlund  
NOTARY PUBLIC in and for said  
County and State.



**CERTIFICATION OF VITAL RECORD**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH  
CERTIFICATE OF DEATH  
VITAL STATISTICS**

**2007001011**  
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 <b>Kathryn</b>			1b. MIDDLE <b>M</b>			1c. LAST <b>SPAELTI</b>			2. DATE OF DEATH (Mo/Day/Year) <b>March 01, 2007</b>			3a. COUNTY OF DEATH <b>Douglas</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Evergreen Gardnerville Health &amp; Rehab Center</b>				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>			4. SEX <b>Female</b>			
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>No Non-hispanic</b>			7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS: DAYS	7c. UNDER 1 DAY HOURS: MINS:		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 23, 1915</b>			
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Minnesota</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Walter J.SPAELTI</b>			
13. SOCIAL SECURITY NUMBER <b>3835</b>				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Operator</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>						
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>			15d. STREET AND NUMBER <b>1792 Canterbury Drive</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>				
16. FATHER - NAME (First-Middle-Last Suffix) <b>James A NOLAN</b>						17. MOTHER - NAME (First-Middle-Last Suffix) <b>Julia A FARRELL</b>								
18a. INFORMANT- NAME (Type or Print) <b>Walter J.SPAELTI</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1792 Canterbury Drive Minden, Nevada 89423</b>								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>				19c. LOCATION - City or Town - State <b>Carson City Nevada 89701</b>						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>								
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) <b>DAVID STANDISH HOSKINS M.D.</b> 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)								
21b. DATE SIGNED (Mo/Day/Yr) <b>March 06, 2007</b>			21c. HOUR OF DEATH <b>07:50</b>			22b. DATE SIGNED (Mo/Day/Yr)			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)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV 89423</b>									23b. LICENSE NUMBER <b>4628</b>					
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 07, 2007</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART I (a) <b>Respiratory failure</b>						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF (b) <b>Multi organ failure</b>						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF (c) <b>Progressive dementia</b>						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 <b>Hyperlipidemia, Hypertension, Hypothyroidism</b>									26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
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								

**STATE REGISTRAR**



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BK- 0608  
PG- 6846

QSRB1004-Rev-F2

**T03620 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.

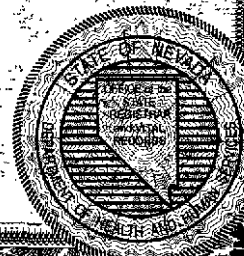
DATE ISSUED:

**03/15/2007**

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

PANCO (Rev) 11/06

**STATE REGISTRAR**  
SIGNATURE AUTHENTICATED



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**