

APN 1420-28-510-057
(Old APN 21-041-07)

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1008 PG- 1517 RPTT: 0.00

**RECORDING REQUESTED BY AND AFTER
RECORDING MAIL THIS AFFIDAVIT TO:**

Rachelle J. Nicolle
Attorney at Law
✓ 1662 Highway 395, Suite 214
Minden, NV 89423



MAIL TAX STATEMENTS TO:

Steve D. Milek, Executor
William C. Freckleton Sr. Estate
9692 Bloomfield Ave.
Cypress, CA 90630

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. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH OF JOINT TENANT

I, STEVE D. MILEK, being duly sworn say:

1) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as ARLENE F. FRECKLETON, who is named with WILLIAM C. FRECKLETON, also known as William C. Freckleton, Sr., as one of the parties in the deed recorded October 5th, 1989, executed by Randall S. Harris, President of H&S Construction, Inc., and

granted to WILLIAM C. FRECKLETON and ARLENE F. FRECKLETON, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, (recorded as Instrument No. 212484 on October 5, 1989, in Book 1089, Page 615, of the Official Records of Douglas County, Nevada),

covering the following described property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 15, Block 8, as set forth on the Official plat of Mission Hot Springs, Unit No. 1, filed in the office of the Recorder of Douglas County, Nevada on July 1, 1987, Book 787, Page 001, Document No. 157492 of Official Records


(Original) Assessment Parcel No. 21-041-07, (Current) APN: 1420-28-510-057.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2) As a result of the death of ARLENE F. FRECKLETON on March 19, 2008, I affirm and declare under penalty of perjury under the laws of the State of Nevada that WILLIAM C. FRECKLETON, also known as William C. Freckleton, Sr., survived ARLENE F. FRECKLETON and thus became the sole owner of the real property described above.

3) WILLIAM C. FRECKLETON, also known as William C. Freckleton, Sr., died on June 13, 2008, before he could execute an Affidavit of Death of Joint Tenant. I affirm and declare under penalty of perjury under the laws of the State of Nevada, that I am the Executor of the Estate of WILLIAM C. FRECKLETON SR.

IN WITNESS WHEREOF, dated: 9/23, 2008.



Steve D. Milek, Executor

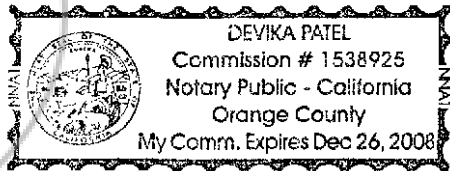
JURAT

State of California
County of Orange

Subscribed and Sworn to (or affirmed) before me, on Sept. 23, 2008, by STEVE D. MILEK, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal:

Signature Devika Patel



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008004294
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) Arlene F FRECKLETON		2. DATE OF DEATH (Mo/Day/Year) March 19, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 16, 1928		9a. STATE OF BIRTH (if not U.S.A., name country) Massachusetts		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) William FRECKLETON	
13. SOCIAL SECURITY NUMBER ██████████6849		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2959 Vicky Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Stephen RICHARDS	
17. MOTHER - NAME (First Middle Last Suffix) Dorothy WAIT		13a. INFORMANT- NAME (Type or Print) Della MILEK			
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1330 Stodick Parkway Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY - NAME Fitzhenrys 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 Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) JOSE AGUIRRE MD		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) March 20, 2008		21c. HOUR OF DEATH 00:38		22b. DATE SIGNED (Mo/Day/Yr)	
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) Jose Aguirre MD, 1600 Medical Parkway Carson City, NV, 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) SARAH KOERNER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 2008		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 I				Interval between onset and death	
(a) Sepsis				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Neutropenia				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Cancer				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part 1. Hypertension, Diabetes Mellitus, Atrial Fibrillation				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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



BK- 1008
PG- 1519

VRS-Rev-2008P

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201041 CERTIFIED COPY OF VITAL RECORDS

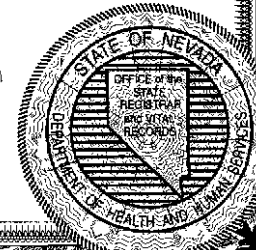
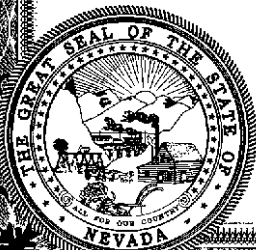
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 21 2008**

Rd White
STATE REGISTRAR

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

PBNC0 (REV 11) 06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE