

OFFICIAL RECORD

Requested By:
TITLE COURT SERVICE

RECORDING REQUESTED BY:

Chicago Title Insurance Co., LSI Division

Escrow No.: 5034958-KIL

Title Order No.: 5034958

WHEN RECORDED MAIL DOCUMENT
AND TAX STATEMENT TO:

Mary Jo & Lon Smith
1819 Helman Drive
Gardnerville, NV 89410

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1108 PG-0053 RPTT: 0.00



APN: 122012310058

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA

COUNTY OF DOUGLAS

Mary Jo Smith and Lon L Smith, of legal age, being first duly sworn, and deposes and says:

That Mary J Ostdiek, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as named as one of the parties in that certain Grant Bargain Sale Deed dated April 21, 1993 executed by Mary J Ostdiek, trustee of the Ostdiek trust dated June 9, 1986 to Mary J Ostdiek a widow and Mary Jo Smith and Lon L Smith, husband and wife, all as joint tenants with right of survivorship, as Joint Tenants, recorded as Recorded April 21, 1993 in Book 493 Page 4000 Instrument No. 305234 of Official Records of Douglas County, Nevada, covering the following described property situated in the city of Gardnerville, County of Douglas, State of Nevada.

Lot 52, as shown on the Map of Pinenut Subdivision Unit No. 1, filed for Record in the Office of the County Recorder of Douglas County, State of Nevada, in June 11, 1963, in Book 1 of Maps as Document No. 22783. Assessor's Parcel No: 122012310058

DATED: October 27, 2008

Mary Jo Smith

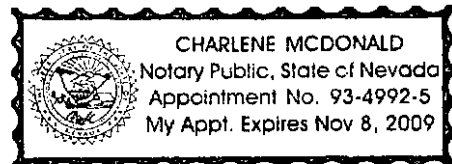
Lon L. Smith
Lon L Smith

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on
this 27th day of October, 2008.

by Lon L. Smith
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Signature Charlene McDonald (seal)



AFFIDAVIT - DEATH OF JOINT TENANTS

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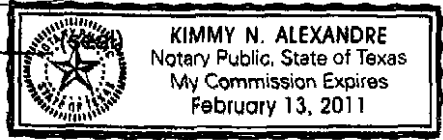
DATED: 10/27/08

Mary Jo Smith
Mary Jo Smith

Lon L Smith

State of Texas
County of Harris
Subscribed and sworn to (or affirmed) before me on
this 27 day of October, 2008
by Identification
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Signature [Signature]



AFFIDAVIT - DEATH OF JOINT TENANTS

FD-203 (Rev 01-05)

STATE OF Texas

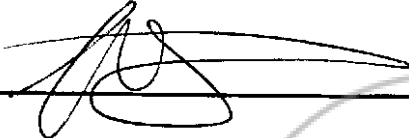
COUNTY OF Harris

On 27th before Me, Kimmy Alexandre Notary Public
(Here insert name of Notary Public)

Personally Appeared Mary Jo Smith who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

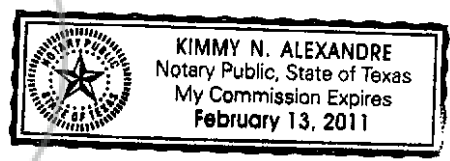
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.



Signature of Notary Public

(This area for notarial seal)



STATE OF NEVADA

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

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Mary Josephine OSTDIEK		DATE OF DEATH (Month, Day, Year) 2. April 21, 1996		STATE FILE NUMBER COUNTY OF DEATH 3a. Douglas									
CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Cottonwood Care Center		If Hosp. or Inst. indicate OOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Female							
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 89		UNDER 1 YEAR MOS : DAYS 7b. :		UNDER 1 DAY HOURS : MINS 7c. :		DATE OF BIRTH (Mo., Day, Yr.) 8. July 16, 1906			
STATE OF BIRTH (If not U.S.A., name country) 9a. Minnesota		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 14+		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed		SURVIVING SPOUSE (If wife, give maiden name) 12.					
SOCIAL SECURITY NUMBER 13. 2625		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Manager		KIND OF BUSINESS OR INDUSTRY 14b. Pharmacy									
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1819 Helman Dr.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes					
FATHER—NAME First Middle Last 16. Joseph Drong			MOTHER—MAIDEN NAME First Middle Last 17. Mary Morcinezyk										
INFORMANT—NAME (Type or Print) 18a. Mary Jo Smith - Daughter				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. BOX 1299 Gardnerville, Nevada 89410									
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada									
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as One) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. #126		NAME AND ADDRESS OF FACILITY 20c. Home 1555 Hwy 395 Minden, Nevada 89423									
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>		DATE SIGNED (Mo., Day, Yr.) 21b. April 22, 1996		HOUR OF DEATH 21c. 2200		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.) 22b.		HOUR OF DEATH 22c.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22d. ON		22e. AT									
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. David S. Hoskins, M.D. 1190 High School, Gardnerville, Nevada				89410		LICENSE NUMBER 23b. 4628							
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 4-26-96		DEATH DUE TO COMMUNICABLE DISEASE 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) Acute Congestive Heart Failure											
		DUE TO, OR AS A CONSEQUENCE OF:											
		(b) Silent Myocardial Infarction											
		DUE TO, OR AS A CONSEQUENCE OF:											
		(c) Atherosclerotic Heart Disease											
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I HTN, S/P CVA, Alzheimer's Disease								AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. YES	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.							
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No.		CITY OR TOWN		STATE			



BK- 1108
PG- 56

No. 092269

0732334 Page: 4 Of 4 11/03/2008

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Issued: **APR 26 1996**

By: *[Signature]*
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.