

15-

OFFICIAL RECORD
Requested By:
KAREN WINTERS

APN: 1022-29-101-005

After Recording Mail to:

Paul B. Kauffmann
1805 Gemm Lane
Gardnerville, NV

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1108 PG- 1237 RPTT: 0.00



The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

PAUL B. KAUFFMANN, being duly sworn, declares:

That ADELINE A. KAUFFMANN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ADELINE A. KAUFFMANN, named as one of the parties in the Deed To Real Property executed by ROBERT L. COLVIN, as Executor of the Will of EMMA L. THOMSEN, grantor, to PAUL A. KAUFFMANN and ADELINE A. KAUFFMANN, husband and wife, as joint tenants, and recorded on May 20, 1986 as Instrument No. 135075, in Book 586, Page 1995 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

All that certain Lot, Piece, or Parcel of Land Situate in the County of Douglas, State of Nevada, described as follows:

Township 10 North, Range 22 East, M.D.B. & M.:

Section 29: Northwest 1/4 of Southeast 1/2 of Northwest 1/4 of Northwest 1/4.

EXCEPTING THEREFROM that portion described in deed recorded March 21, 1966, in the Office of the Recorder of Douglas County, Nevada, in Book 38, page 685, Document No. 31415.

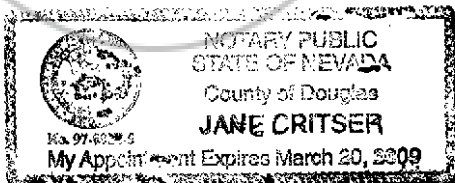
FURTHER EXCEPTING THEREFROM all oil, gas and mineral deposits as described in patent recorded August 29, 1961 in Book 8, Page 327, File No. 18620, of Official Records.

Per NRS 111.312, this legal description was previously recorded at Document No. 135075, Book 586, Page 1995, on May 20, 1986.

Paul B. Kauffmann
PAUL B. KAUFFMANN

Subscribed and sworn to before me this 17 day of OCT, 2008.

[Seal]



Jane Critser
NOTARY PUBLIC

No. 97-0988-5 Exp. 3/20/09

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008012459
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) Adeline A KAUFFMANN		2. DATE OF DEATH (Mo/Day/Year) August 10, 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) 1805 Gemm Lane		3a. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 2356		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 Gardnerville	
16. FATHER - NAME (First Middle Last Suffix) Frank A GOMES		17. MOTHER - NAME (First Middle Last Suffix) Adeline Cecilia FRAGA			
18a. INFORMANT- NAME (Type or Print) Paul KAUFFMANN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1805 Gemm Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's, Carson Valley Funeral Home 1380 Highway 395 N 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 & Title) GREG HUBBARD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 18, 2008		21c. HOUR OF DEATH 13:06		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) GREG HUBBARD SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) August 10, 2008		22c. HOUR OF DEATH 13:06	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard P.O. Box 218, Minden, NV 89423				23b. LICENSE NUMBER 262	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 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) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
(b) Hypertensive Cardiovascular Disease				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				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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



0732681 Page: 2 Of 2 11/07/2008

BK- 1108
PG- 1238

VRS-Rev-2008T

226242

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.

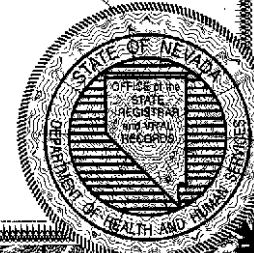
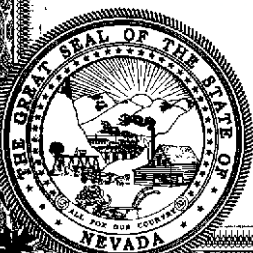
DATE ISSUED:

08/20/2008

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

PHNCO (REV) 11/06

Rud White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE