

OFFICIAL RECORD

Requested By:

KUMMER KAEMPFER BONNER ETAL

APN No. 1318-23-510-011

GRANTEE:

Erika Hetzel
P.O. Box 2304
Stateline NV 89449

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0309 PG-4484 RPTT: 0.00



WHEN RECORDED MAIL TO:

Steven E. Tackes, Esq.
Kummer Kaempfer Bonner Renshaw & Ferrario
510 W. Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Erika Hetzel
P.O. Box 2304
Stateline NV 89449

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)

ERIKA HETZEL

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)

: ss.

CARSON CITY)

ERIKA HETZEL, being first duly sworn, upon oath and under penalty of perjury,
deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That VERNE H. HETZEL, was my husband, he is now deceased.

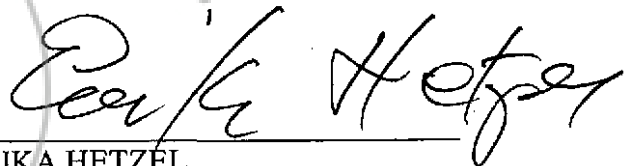
3. That the real property described herein is real property situate in the State of Nevada, County of Douglas, and more particularly described as follows:

Lot 23 in Block A, as shown on the map of TERRACE VIEW HEIGHTS, SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on August 10, 1964 as Document No. 25806.

EXCEPTING THEREFROM, all minerals lying below a depth of 500 feet, but without the right of surface entry to take market, mine, explore or drill for the same, as reserved by Mary Hansen in deed recorded April 4, 1963 in Book 16 of Official Records, page 548, as Document No. 22159, Douglas County, Nevada, records.

4. That VERNE H. HETZEL and ERIKA G. HETZEL, were the Grantees named in a Deed recorded in the office of the Recorder of Douglas County, State of Nevada, in Book 07 73, Page 259. That VERNE H. HETZEL was the identical person named as VERNE H. HETZEL, the decedent, in that certain death certificate, a certified copy of which is attached hereto and made a part hereof by this reference thereto.

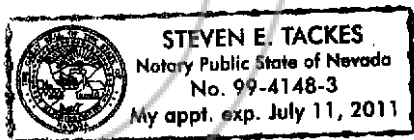
6. That VERNE H. HETZEL should be removed as a joint tenant owner of said property as he is deceased.



ERIKA HETZEL

STATE OF NEVADA)
 :SS
CARSON CITY)

Signed or sworn to before me on the 11th day of March, 2009 by ERIKA HETZEL.



NOTARY PUBLIC (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

97-008848

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEDENT

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

PARENTS

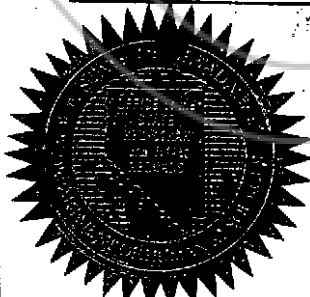
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Werner Hans HETZEL		2. August 18, 1997		3a. Douglas			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Stateline		3c. 353 Mackay Court		3e. Male			
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. 68		7a. 68		8. May 14, 1929	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Germany		9b. U.S.A.		10. 16		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
		14a. Marketing Advisor		14b. 810 Gaming Industry		12. Erika Loy	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Stateline		15d. 353 Mackay Ct.	
FATHER—NAME		MOTHER—MAIDEN NAME					
16. Karl Hetzel		17. Doris Huber					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Erika Loy Hetzel		18b. 353 Mackay Ct., Stateline, Nevada 89449					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION			
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Position Acting as such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 94		20c. Walton's Chapel of the Valley 02			
20d. 1281 N. Roop St., Carson City, Nevada 89706							
21a. To the best of your knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. <i>[Signature]</i>		21b. 8/19/97		21c. 0145		21d. Deputy Kathleen Tadich-Coroner, P.O. Box 218, Minden, Nevada	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		21f. LICENSE NUMBER					
21e. Deputy Kathleen Tadich-Coroner, P.O. Box 218, Minden, Nevada		21f. #066					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. Aug 19 1997		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) Colon Cancer						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			



STATE REGISTRAR

No. 118266

[Signature]
Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JUN 10 1998**

State Registrar

WARNING: IT IS ILLEGAL TO A



BK- 0309
PG- 4486