

DOC # 742183
04/28/2009 03:17PM Deputy: DW
OFFICIAL RECORD
Requested By:
LIFELINE ESTATE SERVICES
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-409 PG-7121 RPTT: 0.00

APN # 1420-08-211-046
RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:
Lifeline Estate Services Inc.
3708 Lakeside Drive, Suite 202
Reno, Nevada 89502



MAIL TAX STATEMENT TO:
Mrs. Helen A. Hahn
1021 Ridgeview Court
Carson City Nevada 89705

AFFIDAVIT OF SURVIVING JOINT TENANT

HELEN A. HAHN, of legal age, being first duly sworn, deposes and says:

That, DAVID A. HAHN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID A. HAHN, named as one of the parties in that certain Grant Deed dated JULY 31, 2003, executed by DAVID A. HAHN and HELEN A. HAHN husband and wife as community property, to DAVID A. HAHN and HELEN A. HAHN, Trustees of the HAHN FAMILY TRUST dated JULY 3, 2003, recorded as Instrument No. 0584941 on JULY 31, 2003, of Official Records of the County of Douglas, State of Nevada, covering the following described real property situated in County of Douglas, State of Nevada:

Lot 8, Block K, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASES 4 and 5A, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

APN: 1420-08-211-046

TOGETHER WITH, all and singular, the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

That by virtue of right of survivorship, HELEN A. HAHN is the true and lawful owner of the above described real estate; and desires that said real estate be transferred, assessed and indexed in this name after recordation in the Office of the County Recorder of the County of Douglas, State of Nevada.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: April 8, 2009

Helen A Hahn
HELEN A. HAHN

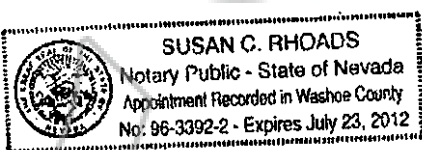
STATE OF NEVADA)
)
COUNTY OF WASHOE)

SS.

On April 8, 2009, before me, the undersigned, a Notary Public in and for said County and State, personally appeared HELEN A. HAHN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and seal.

Susan C Rhoads
Susan C. Rhoads
Washoe County, Nevada
My commission expires 07/23/2012



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

200700391
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1a. DECEASED-NAME FIRST David Allan			1b. MIDDLE HANN			1c. LAST HANN			2. DATE OF DEATH (Mo/Day/Year) January 26, 2007			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 Convalescent Center						3d. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male								
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 77			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 29, 1929										
9a. STATE OF BIRTH (If not U.S.A. name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Helen BEARER											
13. SOCIAL SECURITY NUMBER [REDACTED] 1962						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Chemist						14b. KIND OF BUSINESS OR INDUSTRY Hospital											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Carson City			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 1021 Ridgeview Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER - NAME (First Middle Last Suffix) August HANN						17. MOTHER - NAME (First Middle Last Suffix) Elsa LOHSE																	
18a. INFORMANT - NAME (Type or Print) Helen A HANN						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1021 Ridgeview Court Carson City, Nevada 89705																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Sierra Crematory						19c. LOCATION City or Town State Reno Nevada 89501											
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Northern Nevada Cremation and Burial 10101 S Virginia Reno NV 89511														
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) LAURENCE GEORGE GAY M.D. 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) January 31, 2007						21c. HOUR OF DEATH 01:25						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) Laurence George Gay M.D., Po Box 19936 Reno, NV												23b. LICENSE NUMBER 5152											
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2007						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).)												Interval between onset and death											
PART I (a) Cardiac arrest												Seconds											
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(b) Aspiration pneumonia												Days											
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(c) Transverse myelitis												Weeks											
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in Part I) NIDDM, Chronic lymphocytic leukemia												26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOMIC., 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-409
PG-7123

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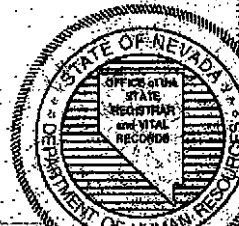
CERTIFIED COPY OF VITAL RECORDS

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: 02/08/2007

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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



QSR81004 Rev. E2