

APN: 1318-23-710-011
ORDER NO.: DO-1091368-LS

DOC # 747856
07/27/2009 03:37PM Deputy: GB
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-709 PG-6572 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT DEATH OF JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: *Liz Svenningsen*

Print Name/Title: LIZ SVENNINGSSEN

WHEN RECORDED MAIL TO:

SHARON FOERSCHLER
349 GRANITE DR
STATELINE, NV 89449



A.P.N. 1318-23-710-011
Escrow No.: DO-1091368-LS
1091368

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

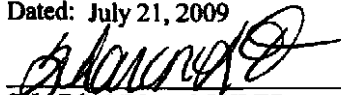
SHARON FOERSCHLER, of legal age, being duly sworn, deposes and says

That **CHRISTOPHER FOERSCHLER**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **CHRISTOPHER FOERSCHLER** named as one of the parties in that certain **GRANT, BARGAIN, SALE DEED** executed by **WAYNE J. WOLF AND MARY E. WOLF, TRUSTEES UNDER THAT CERTAIN DECLARATION OF TRUST DATED JUNE 9, 1994** to **CHRISTOPHER FOERSCHLER AND SHARON FOERSCHLER, HUSBAND AND WIFE** as joint tenants, recorded as Instrument No. **666928**, on **January 31, 2006**, in **Book 0106, Page 10752**, of Official Records of **DOUGLAS** County, Nevada, covering the following described property situated in the County of **Douglas**, State of Nevada.

Lot 11, as shown on the map of **LAKEWOOD KNOLLS SUBDIVISION**, **Douglas County, Nevada**, filed in the office of the County Recorder of **Douglas County, State of Nevada**, on **May 29, 1958**, in **Book 1 of Maps, as Document No. 13163**.



Dated: July 21, 2009



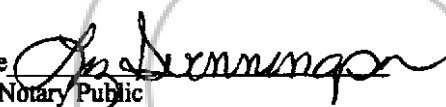
SHARON FOERSCHLER

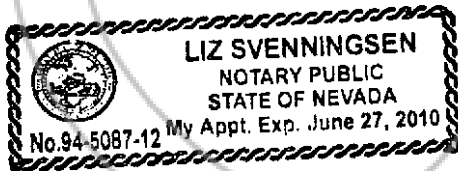
Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA)
)
) SS.
)
COUNTY OF CARSON CITY)

On JULY 21, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared SHARON FOERSCHLER known to me to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

Signature 
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS



BK-709
PG-6575

747856 Page: 4 of 4 07/27/2009

CERTIFICATE OF DEATH

2009005855

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Christopher FOERSCHLER		2. DATE OF DEATH (Mo./Day/Year) January 13, 2009		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION (Name, if not other, give street and number) Highway 50 Round Hill Mall		3d. If Hosp. or Inst. indicate DOA, SPI, Emer. Rm. inpatient (Specify)	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? (Specify No - Non-Hispanic)		7a. AGE - Last birthday (Years) 44	
	7b. UNDER 1 YEAR MO. DAY		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo./Day/Year) August 19, 1963	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) Missouri		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) Sharon WOLF		13. SOCIAL SECURITY NUMBER 6117	
PARENTS	14a. USAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Helicopter Pilot		14b. KIND OF BUSINESS OR INDUSTRY Emergency Medical Services		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Zephyr Cove	
DISPOSITION	16a. FATHER - NAME (First Middle Last - Suffix) Bert FOERSCHLER		17. MOTHER - NAME (First Middle Last - Suffix) Sylvia BRANSON			
	18a. INFORMANT - NAME (Type or Print) Sharon FOERSCHLER		18b. ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 11298 Zephyr Cove, Nevada 89448			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATOR NAME Santa Crematory		19c. LOCATION - City or Town State Reno Nevada 89501	
	20a. FUNERAL DIRECTOR - SIGNATURE (Type or Print) TERESA HALL		20b. FUNERAL DIRECTOR LICENSE 612		20c. NAME AND ADDRESS OF BUSINESS Infinity Burial and Cremation 2535 S. Valley St. Reno NV 89502	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON VALDESPIRO		22a. On the basis of exact post-mortem investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON VALDESPIRO			
	21b. DATE SIGNED (Mo./Day/Year) April 09, 2009		21c. HOUR OF DEATH 12:09		22b. DATE SIGNED (Mo./Day/Year) April 09, 2009	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) Dr. Ron Valdespiro		21e. DATE SIGNED (Mo./Day/Year) January 13, 2009		22c. HOUR OF DEATH 12:09	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ron Valdespiro, 2535 S. Valley St., Reno NV 89502		23b. LICENSE NUMBER			
CAUSE OF DEATH	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. REGISTRAR RECEIVED DATE (Type or Print) April 2, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE PART I (a) Acute intoxication due to combined effects of prescription & illicit drugs		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF, Cardiomegaly 580 grams		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			
26a. ACC., SUICIDE, DOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26b. DATE OF INJURY (Mo./Day/Year) January 13, 2009		26c. HOUR OF INJURY 1209		
26d. DESCRIBE HOW INJURY OCCURRED Overdose		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Motorhome		28g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE 212 Elkspoint Road Zephyr Cove Nevada		

STATE REGISTRAR
Information Corrected, State Affidavit #1224, 05/05/2009 - 25a 25b 25c

270703 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: **MAY 05 2009**

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

R. J. White
STATE REGISTRAR