



APN#: 1420-07-818-016

Recording Requested By:
Western Title Company

When Recorded Mail To:
June I. Knuth
2120 E. LONG #323
CARSON CITY, NV 89704

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature *June I. Knuth*
June I. Knuth **Surviving Joint Tenant**

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

June I. Knuth, of legal age, being first duly sworn, deposes and says:

That William J. Knuth, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William J. Knuth named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 26, 1987 executed by Federal National Mortgage Association, a United States Corporation to Willaim J. Knuth and June I. Knuth, husband and wife, as joint tenants with right of survivorship, recorded on June 4, 1987 as instrument No. 155822, in Book 687, Page 601, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 11, in Block A, as shown on the map of IMPALA MOBILE HOME ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on April 7, 1982, in Book 482, Page 366, as Document No. 66654.



Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$.

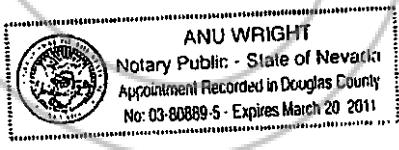
Dated 9-30-09

J. June I. Knuth
June I. Knuth, Surviving Joint Tenant

STATE OF NEVADA)
COUNTY OF Carson City)SS

This instrument was acknowledged before me on Sept 30, 2009

by June I. Knuth
Anu Wright
Notary Public



**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**



BK-1009
PG-303

751595 Page: 4 of 4 10/01/2009

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

2009008819
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) William J KNUTH		2 DATE OF DEATH (Mo/Day/Year) June 15, 2009		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) Eagle Valley Care Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		7a AGE-Last birthday (Years) 97		7b UNDER 1 YEAR MOS DAYS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) May 02, 1912		9a STATE OF BIRTH (if not U.S.A., name country) Wisconsin		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) June HURT	
13 SOCIAL SECURITY NUMBER ██████████7281		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Architect		14b KIND OF BUSINESS OR INDUSTRY Construction	
15a RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 952 Lehigh Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER - NAME (First Middle Last Suffix) KNUTH			17. MOTHER - NAME (First Middle Last Suffix)		
18a INFORMANT - NAME (Type or Print) June KNUTH			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 952 Lehigh Circle Carson City, Nevada 89705		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89705	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE <i>SIGNATURE AUTHENTICATED</i>		20b FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1514 N Curry Street Carson City NV 89703	
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) <i>SIGNATURE AUTHENTICATED</i> KAREN SUE MCDERMOTT M.D.			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) June 17, 2009		21c HOUR OF DEATH 13:35		22b DATE SIGNED (Mo/Day/Yr)	
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) 1625 E Prater Way #108 Sparks, NV 89434				23b LICENSE NUMBER 6450	
24a REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 19, 2009		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					
(a) Failure to Thrive					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Alzheimers Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pelvic Fractures					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Frequent Falls					
PART II					
Gait Disturbance				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

8021002

280685

CERTIFIED COPY OF VITAL RECORDS

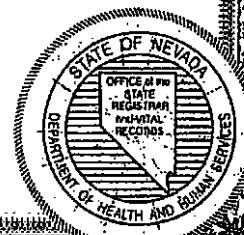
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar of Vital Records

JUL 06 2009

DATE ISSUED:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE