

Recorded at the request of:
Mark A. Winter, Esq.
801 N. Division Street
Carson City, Nevada 89703
When Recorded, mail to:
Mail Tax Statements to:
Helen L. Penn
3402 Sunridge Court
Carson City, NV 89705

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1009 PG- 3207 RPTT: 0.00



AFFIDAVIT OF DEATH

APN: 1420-07-816-020

Helen L. Penn being first duly sworn, deposes and says:

1. Donald H. Penn, died on the 4th day of January, 2007, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Donald H. Penn was an owner as community property with right of survivorship with the Affiant of certain real property located in the County of Douglas, State of Nevada, described as:

See Exhibit "A" attached hereto and incorporated herein by said reference

3. That said right of survivorship was created by a Deed dated November 6, 2002, recorded on December 16, 2002, in Book 1202, Page 06781, as Document Number 0560913 in the Douglas County Recorder's Office.

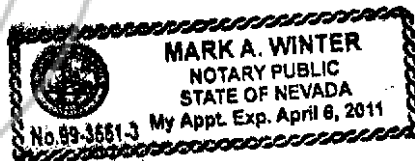
4. That upon the death of Donald H. Penn, the Affiant became the sole owner of the above-described property as her sole and separate property.

Helen L. Penn

Helen L. Penn

Subscribed and sworn to before me
this 14th day of October, 2009.

Mark A. Winter
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007000251
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 Donald			1b. MIDDLE H			1c. LAST PENN			2. DATE OF DEATH (Mo/Day/Year) January 04, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 3402 Sunridge Court						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			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. No Non-hispanic			7a. AGE-Last birthday (Years) 69			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) October 02, 1937		
9a. STATE OF BIRTH (If not U.S.A., name country) California			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) Helen JOHNSON					
13. SOCIAL SECURITY NUMBER [REDACTED] 3167			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Agent						14b. KIND OF BUSINESS OR INDUSTRY Real Estate								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 3402 Sunridge Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Glenn W PENN						17. MOTHER - NAME (First Middle Last Suffix) Naomi Grace HOWARD											
18a. INFORMANT - NAME (Type or Print) Helen PENN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3402 Sunridge Court Carson City, Nevada 89705											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701								
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								
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) GREG HUBBARD 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) GREG HUBBARD SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr) January 23, 2007			21c. HOUR OF DEATH 01:35			22b. DATE SIGNED (Mo/Day/Yr) January 23, 2007			22c. HOUR OF DEATH 01:35								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) January 04, 2007			22e. PRONOUNCED DEAD AT (Hour) 01:35								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner 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) January 25, 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).)																	
PART I (a) Gunshot wound through head						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.										26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide			28b. DATE OF INJURY (Mo/Day/Yr) January 04, 2007			28c. HOUR OF INJURY 0120			28d. DESCRIBE HOW INJURY OCCURRED Self inflicted gunshot wound								
28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION STREET OR R.F.D. No. 3402 Sunridge Court			CITY OR TOWN Carson City			STATE Nevada					

STATE REGISTRAR

509046

0752319 Page: 2 Of 3 10/16/2009

BK- 1009
PG- 3208

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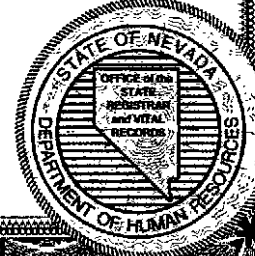
155662 CERTIFIED COPY OF VITAL RECORDS

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: 01/26/2007

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

SIGNATURE AUTHENTICATED
STATE REGISTRAR



Lot 24, in Block O, as set forth on that certain Final Map of Sunridge Heights, Phases 7b and 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995, in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

EXHIBIT "A"