



A.P.N.: 1420-18-214-079
File No: 141-2394176 (NMP)

When Recorded return to, and mail Tax Statements to:
Rosendahl

400 S. Saliman #140
Carson City NV 89701

AFFIDAVIT - TERMINATING JOINT TENANCY

Helma Rosendahl, of legal age, being first duly sworn, deposes and says:

That **Edwin Rosendahl**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Edwin Rosendahl** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **February 15, 2008** executed by **Edwin Rosendahl** to **Helma Rosendahl and Edwin Rosendahl** as joint tenants, recorded as Document No. **0718183** on **February 19, 2008** in Book **0208, Page 3871** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 127, OF BLOCK F, AS SHOWN ON THE MAP OF SILVERADO HEIGHTS SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON SEPTEMBER 18, 1978, AS DOCUMENT NO. 25326, AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED AUGUST 23, 1979, IN BOOK 879, PAGE 1725, AS INSTRUMENT NO. 35885; AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED OCTOBER 12, 1979, IN BOOK 1079, PAGE 1039, AS INSTRUMENT NO. 37638, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

Helma Rosendahl

Helma Rosendahl

Date



STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
4/20/10 by

Helma Rosendahl

N. Harris

Notary Public

(My commission expires: 2/15/14)



COOPER

CERTIFICATION OF VITAL RECORD

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

2009005000
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) Edwin ROSENDAHL		2. DATE OF DEATH (Mo/Day/Year) March 29, 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) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
9a. STATE OF BIRTH (If not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Helma HARBICH		8. DATE OF BIRTH (Mo/Day/Yr) July 06, 1928	
13. SOCIAL SECURITY NUMBER ██████████-6939		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Precision Operator/tech		14b. KIND OF BUSINESS OR INDUSTRY Sheetmetal	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 882 Coloma Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Christian ROSENDAHL	
17. MOTHER - NAME (First Middle Last Suffix) Bertha CHARANOSKY		18a. INFORMANT- NAME (Type or Print) Christiane HARDT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 882 Coloma Drive 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 (Or Person Acting as Such) JUDITH KIMPTON		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
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) GAIL KRIVAN MD		21b. DATE SIGNED (Mo/Day/Yr) April 08, 2009		21c. HOUR OF DEATH 04:40	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH		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) Gail Krivan MD 1001 N. Mountain St. Suite 1D Carson City, NV 89703				23b. LICENSE NUMBER 9735	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 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) Acute Cardiopulmonary Arrest Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Intracranial Bleed Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Dysphagia Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Hypertension Interval between onset and death					
PART II				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



BK-410
PG-5256

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VRS-Rev-2008T

267052

CERTIFIED COPY OF VITAL RECORDS

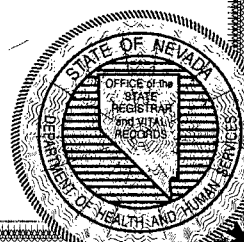
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

PBNC0 (Rev) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE