

A.P.N. #	1420-18-113-028
RPTT	0.00
Escrow No.	1030734LMS
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Terri Lee Stolle	
P.O. Box 442	
Carson City, NV 89702	
(for recorders use only)	



 Affidavit of Death of Joint Tenant
 (Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS #440380
 (State specific law)

Kris Thorson
 Signature

Escrow Assistant
 Title



KRIS THORSON
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



A.P.N. #	1420-18-113-028
Escrow No.	1030734LMS
Recording Requested By:	
 	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
TERRI LEE STOLLE	
P.O. Box 462	
Carson City, NV 89702	

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }
} ss.
County of CARSON CITY }

TERRI LEE STOLLE, of legal age, being first duly sworn, deposes and says: That CLARENCE WILLIAM WENNERSTROM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLARENCE WILLIAM WENNERSTROM named as one of the parties in that certain GRANT BARGAIN SALE DEED dated March 6, 1990 executed by CLARENCE WILLIAM WENNERSTROM to CLARENCE WILLIAM WENNERSTROM A SINGLE MAN AND MARK S STOLLE AND TERRI LEE STOLLE HUSBAND AND WIFE ALL AS JOINT TENANTS as joint tenants, recorded as Document No. 221424, on March 7, 1990 in Book 390, Page No. 706 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: JUNE 14, 2010



TERRI LEE STOLLE
TERRI LEE STOLLE

State of NEVADA

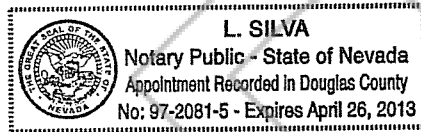
}
} ss.

County of CARSON CITY

This instrument was acknowledged before me on JUNE 14, 2010

By: TERRI LEE STOLLE

Signature: _____
Notary Public



COPY

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2009013843
STATE FILE NUMBER



BK-610
PG-2624

765244 Page: 4 of 5 06/15/2010

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) Clarence William WENNERSTROM		2. DATE OF DEATH (Mo/Day/Year) September 20, 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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████-3625		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Shipping & Receiving		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 853 Auburn Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) August E WENNERSTROM	
17. MOTHER - NAME (First Middle Last Suffix) Neano JOHNSON		18a. INFORMANT- NAME (Type or Print) Terri Lee STOLLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 442 Carson City, Nevada 89702	
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 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 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) JAN OWEN CARTER MD 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) September 23, 2009		21c. HOUR OF DEATH 16:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JAN OWEN CARTER MD /1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 6489	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 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				Interval between onset and death	
(a) Respiratory failure				Interval between onset and death	
(b) Chronic obstructive pulmonary disease				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	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				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

VRS-Rev-20090602

293781

CERTIFIED COPY OF VITAL RECORDS

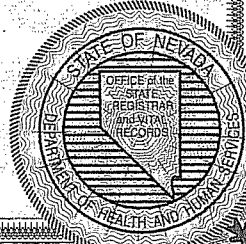
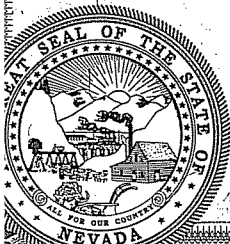
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 09/25/2009

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/06





**Exhibit A
LEGAL DESCRIPTION**

File Number: 1030734LMS

Lot 212, of Block C, as shown on the plat of SILVERADO HEIGHTS NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on June 20, 1979 in Book 679, Page 1486, as Document No. 33717.

Assessor's Parcel No. 1420-18-113-028

