

described property situated in the County of Douglas, State of Nevada.

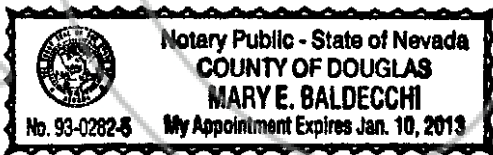
Lots 15, 16 and 17 in Block "B" of Minden, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, July 5, 1907.

Per NRS 111.312, this legal description was previously recorded at Document No. 0078635, Book 0483, Page 526, on April 12, 1983.

Betty M. Jacobsen
BETTY M. JACOBSEN

SIGNED AND SWORN TO (or affirmed) before me on December 16, 2010, by BETTY M. JACOBSEN.

Mary E. Baldecchi
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		STATE FILE NUMBER	
1. Lawrence Edwin JACOBSEN		2. July 26, 2006		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)	
3b. Minden		3c. 1628 Mono Ave.		3e. Male	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6. X		7a. 85	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed.	
9a. Nevada		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working-Life, Even If Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. ██████████-9446		14a. State Senator		11. Married	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15c. Minden		14b. State of Nevada	
FATHER—NAME		MOTHER—MAIDEN NAME		SURVIVING SPOUSE (If wife, give maiden name)	
16. Lawrence P. Jacobsen		17. Anna Kettenburg		12. Betty Lundergreen	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Betty Jacobsen		18b. 1628 Mono Ave., Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>Tommy Jensen</i>		20b. 09		20c. 1478 4th St., Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH.	
<i>Jeffrey Basa</i>		21b. July 27, 2006		21c. 10:12	
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) and manner stated. (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. Jeffrey Basa, M.D., 2874 N. Carson St. #200, Carson City, NV		22a. <i>Jeffrey Basa</i>		22b. July 28, 2006	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Jeffrey Basa, M.D., 2874 N. Carson St. #200, Carson City, NV		23b. 89706		22c. PRONOUNCED DEAD (Hour)	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Anna Yllona</i>		24b. July 28, 2006		24c. 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) Cardiac arrest		Interval between onset and death	
		(b) Hypertension		Interval between onset and death	
		(c) Chronic lymphocytic leukemia		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28d.	
		LOCATION		STREET OR R.F.D. No.	
		28g.		CITY OR TOWN	
				STATE	

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STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

No. 340989

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: JUL 31 2006

Anna Yllona

STATE REGISTRAR

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

