INDECOMM HOLDINGS INC When Recorded, Mail to: . Recording requested by Douglas County - NV and return to: Karen Ellison - Recorder Indecomm Global Services 3 Fee: 16.00 O£ 2925 Country Drive PG- 0652 RPTT: APN: St. Paul, MN 65117 BK-0412 AFFIDAVIT OF SURVIVING JOINT TENANT STATE OF NEVADA )ss. COUNTY OF DOSLERING hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own knowledge: I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated. , the person named as one of the Deed recorded as Instrument No. grantees in that certain MOV+QQQ of the Official Records in the Office of the County in Book 110 County, Nevada. Recorder of The property which is the subject of the above-described deed is located in the 3. state of Nevada, and is more particularly described as follows: county of MUSTANG UN (Here set forth the legal description and, if known, the physical address) Sardnerville, nv 89410 was one of the grantees named in vail 601seth said deed and is the identical person named as Paul Gorsetto, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part 's wife, /widow hereof. I am Vau As recited in the above-described Certificate of Death, Paul Gorseth died on the Im day of Ava , 20 10, in Carson City County, (1/20) (JURAT)

556

0800162

PK

0.00

04/03/2012 03:35 PM Deputy:

OFFICIAL RECORD Requested By:

DOC

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#### **NEVADA INDIVIDUAL ACKNOWLEDGMENT**

\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
$\left.\begin{array}{c} \text{State of } \frac{\text{NeVada}}{\text{County of } \underline{\text{DouglaS}}}\right\} \text{ss.} $
This instrument was acknowledged before me
on this the 101 day of 100 , 201, by Day Month Year
(1) huta larsett (.) Name of Signer
(and
E. PERNEAU  Notary Public, State of Nevada  Name of Signer
Motary Pittie, State of Name of Signer  Appointment No. 10-3497-5  Appointment No. 21, 2014  My Appt. Expires Nov 21, 2014
Place Notany Seel and/or Stown Above
, Place Notary Seal and/or Stamp Above Signature of Notary Public
OPTIONAL
Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.  RIGHT THUMBPRINT OF SIGNER #1 Top of thumb here Top of thumb here
Description of Attached Document
Title or Type of Document: <u>Affidavit</u>
Document Date: 11-10-11 Number of Pages: 1
Signer(s) Other Than Named Above:

## STATE OF NEVADA

#### CERTIFICATION OF VITAL RECORD

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH

CERTIFICATE OF DEATH

2010012067

STATE	FILE	NUMBER

PRINT IN	1a. DECEASED-NAME (FIRS	T, MIDDLE, LAST SUFFIX		11.1	2 DATE OF DEATH (Mo/Day/Y	eer) 3e. COUNTY OF DEATH
PERMANENT	Paul Allen	GORSETH		. "   "	August 11, 2010	Carson City
BLACK INK	36. CITY, TOWN, OR LOCAT	ION OF DEATH 3c. HOS	PITAL OR OTHER INSTITUT	TION -Name(If not either, gi	ve street   3e if Hosp or Inst inc	ticate DOA OP/Erner Rm 4 SEX
DECEDENT	Carson Cit	and num		ional Medical Center		npatient Male
DECEDENT	5. RACE White	1	6. Hispanic Origin? Specify	7a AGE-Last	76. UNDER 1 YEAR 7c. UNDE	R 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr)
	(Specify)		No - Non-Hispanic	birthday (Years) 71	MOS DAYS HOURS	MINS August 14, 1938
IF DEATH OCCURRED IN DISTITUTION	9a STATE OF BIRTH (If not I	U.S.A., 96 CITIZEN C		UCATION 11 MARRIED, N 2 DIVORCED (Sp	IEVER MARRIED, WIDOWED, colly) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Reita ROBINSON
SEE HANDBOOK REGARDING COMPLETION OF	13: SOCIAL SECURITY NUM 2528	BER : 14a. USUAL (	OCCUPATION (Give Kind of Even if Retired)	Work Done During Most of	14b KIND OF BUSINESS O Electric Co	d le va Vaa
RESIDENCE	15a. RESIDENCE - STATE	156. COUNTY	15c. CITY, TOWN	OR LOCATION 15d	STREET AND NUMBER	15e INSIDE CITY LIMITS (Specify Yes or No) Yes
<b>&gt;</b>	Nevada 16 FATHER/PARENT - NAM	Douglas	<del></del>		1 Mustang Lane PARENT - NAME . (First Middle	a
PARENTS		Arthur GORS	ETH 🤚	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Hazel WI	HISTLER
	18a. INFORMANT- NAME (T) Reits	rpe or Print)  GORSETH	186 MAILIN		R.F.D. No, City or Town, State, 22  ang Lane Gardnerville, N	
DISPOSITION	19a. BURIAL, CREMATION, I Crem			REMATORY - NAME		CATION City or Town State  Carson City Nevada 89701
· . · · · · ·	20a. FUNERAL DIRECTOR -	SIGNATURE (Or Person A		OR LICENSE	ME AND ADDRESS OF FACILIT	n Valley Funeral Home
		ATURE AUTHENTICA	TED	217	1380 Highway 395 N	Gardnerville NV 89410
RADE CALL	TRADE CALL - NAME AND A		4			No. 10 and 10 an
	전 due to the cause(s) st	ated (Signature & Title) DD PALMER CH		ICATED G L the time;	date and place and due to the ca	
CERTIFIER	August 16, 20		HOUR OF DEATH	3 💆	TE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
-	21d. NAME OF ATTE	NDING PHYSICIAN IF OT	HER THAN CERTIFIER	8 0 22d PR	ONOUNCED DEAD (Mo/Day/Yr)	22e PRONOUNCED DEAD AT (Hour)
•			N, ATTENDING PHYSICIAN		R CORONER) (Type or Print). NV 89701	236 LICENSE NUMBER - 455933
REGISTRAR	24e DECISTOAD (Signature	CHRISTI	NA GRIFFITH	24b DATE RECEIV	ED BY REGISTRAR 24c 1	DEATH DUE TO COMMUNICABLE DISEASE .
	25. IMMEDIATE CAUSE	7.5	LUTHENTICATED		ugust 17, 2010	interval between onset and death
CAUSE OF DEATH	PART (a) Ventric	ular Fibrillation,	CAUSE PER LINE FOR (a)	, (b), AND (c) )	no deta	Hitel Act Partiagn (NISA) and nagni
CONDITIONS IF		RAS A CONSEQUENCE Try Artery Diseas		# B E	n vale y or	interval between onset and death
ANY WORCH GAVE RISE TO IMMEDIATE	107	R AS A CONSEQUENCE				Interval between onset and death .
CAUSE ->	(c)	R AS A CONSEQUENCE	ign on yen.	//_	".	Interval between onset and death
UNDERLYING CAUSE LAST	(d)					6
an/ /	PART II OTHER SIGNIFICA	NT CONDITIONS-Condition	ons contributing to death but	not resulting in the underly		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO
	28a. ACC., SUICIDE, HOM., UND OR PENDING INVEST. (Specify)	ET. 286. DATE OF INJURY	Mo/Dey/Yr) 28c HOUR	OF INJURY 284. DESCRIB	E HOW INJURY OCCURRED	
:	28e. INJURY AT WORK (Spe Yes or No)	edity 281. PLACE OF INJU	RY- At home, farm, street, fa	actory office 28g. LOCAT	ION STREET OR R.F.D. N	O CITY OR TOWN STATE
ω <u>===</u>		building, etc. (Specif	17			
55			S	TATE REGISTRAR		



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.. VRS-Rev-2011010



### CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

02/09/2012





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