

DOC # 800715  
04/13/2012 12:54PM Deputy: AR  
OFFICIAL RECORD

Requested By:  
First American National De  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: \$18.00  
BK-412 PG-3552 RPTT: 0.00



APN: 1022-15-001-102

Recording Requested By:

FIRST AMERICAN NATIONAL  
DEFAULT TITLE

When Recorded Mail To:  
DANNY HAMMARSTEN  
655 OREILLE RD E  
EATONVILLE WA 98328

APN: 1022-15-001-102  
Property Address 3901 GRANITE WAY  
WELLINGTON NV  
Title Order # 6085010  
TS Number NV1100236705

### Affidavit – Death of Joint Tenant

Danny Hammarsten of legal age, being first duly sworn, deposes and says:

1. Charles A Hammarsten is the decedent mentioned in the attached Certificate of Death, who died on 1/7/11 in the County of DOUGLAS, NEVADA. See attached Exhibit A.
2. The above named Decedent is the same person who is named as one of the parties in that certain Deed dated 9/26/1991, and recorded on 9/30/1991, as instrument number 261545, in Book 991, Page 4857, Official Records of DOUGLAS County, NEVADA. As more fully described in Exhibit B.

Date: 3/16/12

I certify or declare under penalty of perjury that the foregoing  
is true and correct.

Danny Hammarsten

Signature: Danny Hammarsten

*Document must be notarized. Notary must attach the appropriate Acknowledgement page hereto.*

*Attach Original Death Certificate*



State of Washington  
County of Pierce

Signed or attested before me on 16 March 2012 by Danny J Hammarsten.



My Commission expires:

Dec. 09, 2015

COPY



# Exhibit A

## Original Death Certificate

COPY



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2011000636  
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) Charles A HAMMARSTEN		2. DATE OF DEATH (Mo/Day/Year) January 07, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA,OPI/Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1922		9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota		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) LaVeme RUTLEDGE	
13. SOCIAL SECURITY NUMBER 4648		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Machine	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3901 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Alvin HAMMARSTEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mable		
18a. INFORMANT-NAME (Type or Print) LaVerne HAMMARSTEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3901 Granite Way Wellington, Nevada 89444		
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) LAURENCE GEORGE GAY M.D. 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) January 12, 2011		21c. HOUR OF DEATH 14:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871			
23b. LICENSE NUMBER 5152		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 20, 2011		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) Cardiac Arrest Interval between onset and death: Seconds					
DUE TO, OR AS A CONSEQUENCE OF: (b) Dehydration Interval between onset and death: Days					
DUE TO, OR AS A CONSEQUENCE OF: (c) Anorexia Interval between onset and death: Weeks					
DUE TO, OR AS A CONSEQUENCE OF: (d) Alzheimers Disease Interval between onset and death: Years					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Obstructive Uropathy Hypertension					26. AUTOPSY (Specify Yes or No) NO
27. WAB 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

VRS-Rev-20110104

009433

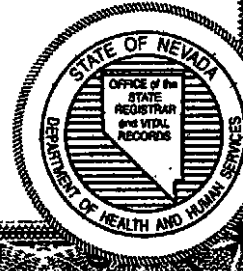
CERTIFIED COPY OF VITAL RECORDS

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: 01/20/2011

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



TS NO.: NV1100236705  
TITLE ORDER NO.: 6085010  
APN: 1022-15-001-102

## Exhibit B

### Legal Description

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 2, IN BLOCK V, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE **OF** THE COUNTY RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS DOCUMENT NO. 50212.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 1022-15-001-102; SOURCE OF TITLE IS BOOK 991, PAGE 4857 (RECORDED 09/30/91)