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Doc Number: **0819131**

02/28/2013 12:09 PM

OFFICIAL RECORDS

Requested By  
INDECOMM HOLDINGS INC

APN # 1219-26-001-031

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 42.00  
Bk: 0213 Pg: 8027



Deputy pk

**Recording Requested by and Return to:**

✓ Indecomm Global Services  
2925 Country Drive  
St. Paul, MN 55117

78434257-1

**AFFIDAVIT OF DEATH OF JOINT TENANT**

(Title of Document)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

Specify Law\* NRS 40.525(5)

Signed

Specify Law\* NRS 440.381(1)(a)

Printed Name: JEFFREY KEOGLER

\*If there is no applicable State or Federal Law, a Social Security Number must be removed prior to recording.

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fee applies).

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

RECORDING REQUESTED  
BY/RETURN TO:  
**Title Source**  
**1187 Old Thorn Run Road Ext., Suite 600**  
**Coraopolis PA, 2018**

Above Space for Recorder's Use Only

**AFFIDAVIT OF DEATH OF JOINT TENANT**

Title Order No. 57404977 - **1780360**

Loan No. 1118584008

**I/We, Marshall G. Kyle**

of legal age, being first duly sworn, deposed and say:

That, **Tyne Honkanen**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as, Tyne Honkanen named as one of the parties in that certain Deed dated January 16, 2009 from Marshall G. Kyle , a married man and Tyne Honkanen, a widow to Marshall G. Kyle, an unmarried Man and Tyne Honkanen, a widow, as community property with rights of survivorship, recorded January 28, 2009 in Instrument# 0736567, said deed conveying real property described as follows:

Tax Id Number(s): 1219-26-001-031

Land Situated in the City of GARDNERVILLE in the County of Douglas in the State of NV LOT 4, AS SHOWN ON THE MAP OF GREEN ACRES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 19, 1966. EXCEPTING THEREFROM THAT PORTION THEREOF DESCRIBED AS FOLLOWS:BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 4, SOUTH 71 DEGREES 23 MINUTES 26 SECONDS WEST, 347.00 FEET, ALONG THE SOUTHERLY BOUNDARY OF SAID LOT 4, TO THE SOUTHWEST CORNER; THENCE NORTH 18 DEGREES 38 MINUTES 10 SECONDS WEST, 11.04 FEET, ALONG THE WESTERLY BOUNDARY OF SAID LOT 4, TO A POINT; THENCE NORTH 71 DEGREES 17 MINUTES 37 SECONDS EAST, 347.00 FEET TO A POINT IN THE EASTERLY BOUNDARY OF SAID LOT 4; THENCE SOUTH 18 DEGREES 26 MINUTES 10 SECONDS EAST, 12.67 FEET, ALONG THE EASTERLY BOUNDARY OF SAID LOT 4, TO THE POINT OF BEGINNING.

Dated: **11 FEB 13**

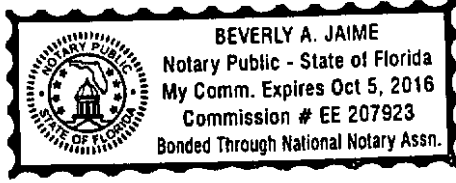
*Marshall G. Kyle*  
\_\_\_\_\_  
Marshall G. Kyle

**FLORIDA**  
STATE OF ~~Nevada~~ )  
COUNTY OF ~~Douglas~~ ) S.S.  
**PINELLAS**

Subscribed and sworn to MARSHALL G. KYLE (or affirmed) before me on this 11th day of FEBRUARY, 2013 by , proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Beverly A. Jaime

(This area for official notarization)



COOPY



\*U03548813\*

1634 2/20/2013 78434257/1

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2009002693**  
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) <b>Tyne Katri HONKANEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 22, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>519 Green Acres Drive</b>		3e. If Hosp. or Inst indicate DOA, OP/Emer. Rm Inpatient(Specify)	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>101</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 19, 1907</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>3124</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Baker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Downey High School</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>519 Green Acres Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Isaacki MAKINEN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Katri MAKI</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kathleen HONKANEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>519 Green Acres Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>DAVID STANDISH HOSKINS M.D.</b> 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) <b>February 24, 2009</b>		21c. HOUR OF DEATH <b>22:00</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV 89423</b>				23b. LICENSE NUMBER <b>4628</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 02, 2009</b>		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) <b>Fatal cardiac arrhythmia</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypertensive heart disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
<b>Chronic hypoxia, Degenerative joint disease, Senility</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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

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VRS-Rev-2008T

260039 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:

03/04/2009

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

PHENCO (Rev.) 11/06

*Rud Whitt*  
SIGNATURE AUTHENTICATED

