


I hereby affirm that this document submitted for recording does not contain a social security number.



Signature
Autumn R. Tribone, auditor

APN# ~~122017512009~~ ~~12217512009~~
122017512009

Recording Requested By: Service Link

Return to:

Name: Service Link

Address: 4000 Industrial Blvd.

City/State/Zip: Aliquippa, PA

Document Title: ~~Death Certificate~~ Affidavit - Death of a joint Tenant

If legal description is a metes & bounds description furnish the following information:

Legal Description obtained from of document), Book recorded County Recorder office.	Page (date) in the	Document #	(type
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If Surveyor, please provide name and address.

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.

Doc Number: 0829981

09/03/2013 03:17 PM

OFFICIAL RECORDS

Requested By
SERVICELINK

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 0913 Pg: 263



Deputy: gb

A.P.N: 122 01 7512 009

After recording, return to:

Mail tax statements to:

AFFIDAVIT - DEATH OF A JOINT TENANT

STATE OF Nevada }
COUNTY OF Douglas } S.S.

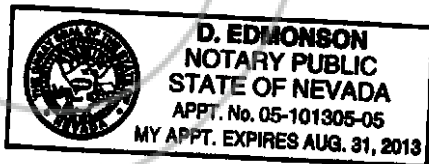
Margaret E. Walor, of legal age, being duly sworn, deposes and says that Barbara Ellen Erickson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Barbara E. Erickson named as one of the parties in that certain deed dated 8-8-09, executed by Margaret E. Walor and Barbara E. Erickson, as joint tenants, recorded as Document No. 749438 on 4/24/09 Official Records of Douglas County, Nevada, covering the following described real property situated in the City of Gardnerville County of Douglas, State of Nevada.

Dated: 2-15-2013

Margaret E. Walor

On 2-15-13, personally appeared before me, a notary Public, Margaret E. Walor proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the within instrument.

D. Edmonson
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011017018
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) Barbara Ellen ERICKSON		2. DATE OF DEATH (Mo/Day/Year) October 25, 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) Riverview Manor		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1937		9a. STATE OF BIRTH (if not U.S.A., name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Nuclear Medicine Technician		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 952 Springfield Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Clifford ERICKSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice SHERIN		18a. INFORMANT- NAME (Type or Print) Richard ERICKSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2004 Meriam Lane St. Paul, Minnesota 55104	
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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROSE ELIZABETH PAIVA M.D. <i>SIGNATURE AUTHENTICATED</i>					
21b. DATE SIGNED (Mo/Day/Yr) October 26, 2011		21c. HOUR OF DEATH 02:05		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) Rose Elizabeth Paiva M.D. 6542 S. McCarran Blvd. Suite B Reno, NV 89502			
23b. LICENSE NUMBER 9005				24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 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) Metastatic Lung Cancer					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. ACC. SURCIDE, HOM. UNDET. OR PENDING INVEST (Specify)		26a. DATE OF INJURY (Mo/Day/Yr)		26b. HOUR OF INJURY	
26c. INJURY AT WORK (Specify Yes or No)		26d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26e. DESCRIBE HOW INJURY OCCURRED	
26f. LOCATION STREET OR R.F.D. No.		26g. CITY OR TOWN		26h. STATE	
26i. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		26j. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			

STATE REGISTRAR

3622417

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BK 09 13
PG : 265
9/3/20 13

VRS-Rev 20110104

409148

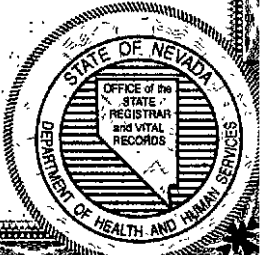
CERTIFIED COPY OF VITAL RECORDS

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: 11/04/2011

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA AND IS DESCRIBED AS FOLLOWS:

ALL THAT PARCEL OF LAND IN DOUGLAS COUNTY, STATE OF NEVADA, BEING KNOWN AND DESIGNATED AS:

LOT 780 IN BLOCK C AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW PHASE 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 7, 1993 IN BOOK 1293 AT PAGE 1194 AS DOCUMENT NO. 324312.

ADDRESS 952 SPRINGFIELD DR, GARDNERVILLE, NEVADA 89460-9607

BY FEE SIMPLE DEED FROM FRED O. SUNDBERG AND BONNIE A. SUNDBERG, HUSBAND AND WIFE AS JOINT TENANTS AS SET FORTH IN DOC# 749438 DATED 08/08/2009 AND RECORDED 08/24/2009, DOUGLAS COUNTY RECORDS, STATE OF NEVADA.

