

FILED FOR RECORDING  
AT THE REQUEST OF  
*Charlotte R. Klein*

2005 FEB 16 PM 2 49

LINCOLN COUNTY RECORDER  
FEE \$16.00  
LESLIE BOUCHER REC'D

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A.P.N.: 004-041-11  
When Recorded, Mail To:  
Charlotte Klein  
Box 581  
Alamo, NV 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada )  
County of Lincoln )

Charlotte R. Klein, of legal age, being first duly sworn, deposes and says:

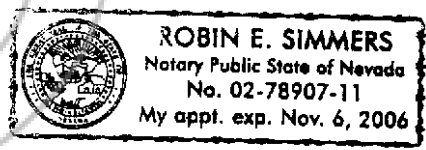
That Hans Ulrich Klein, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Hans U. Klein named as one of the parties in that certain Grant, Bargain, Sale Deed recorded as Instrument No. 104213 on November 7, 1995, in Book 115 Page 662 of Official Records of Lincoln County Recorder, Lincoln County, Nevada, covering the following described property situated in the said County, State of Nevada:

See Exhibit A attached

*Charlotte R. Klein*  
\_\_\_\_\_  
CHARLOTTE KLEIN

Subscribed and Sworn to before me  
this 10 day of February, 2005

*Robin E. Simmers*  
\_\_\_\_\_  
Signature  
Notary Public Commissioned for said County and State



(Seal)

EXHIBIT "A"

The land referred to in this  
and is described as follows:

A parcel of land situate within the SW1/4 of Section 5, Township 7 South, Range 61 East, M.D.B.&M., more particularly described as follows:

Commencing at the southwest corner of the NE1/4 of the SW1/4 of Section 5, Township 7 South, Range 61 East, M.D.B.&M., thence running due east along the south line of said NE1/4 of SW1/4 a distance of 910 feet, more or less to the west line of Main Street at the northeast corner of Lot 1, Block 46, Alamo Townsite on file in the office of the County Recorder of Lincoln County; running thence North 1°23' West along the west side of said Main Street and the projection thereof a distance of 540 feet to the true point of beginning; thence continuing North 1°23' West along the west side of said Main Street and the projection thereof a distance of 100 feet; thence South 88°37' West a distance of 125 feet; thence South 1°23' East a distance of 100 feet; thence North 88°37' East a distance of 125 feet to the true point of beginning.

# STATE OF NEVADA

## 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

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

|  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| LOCAL FILE NUMBER  |  | DECEASED—NAME First Middle Last   |  | DATE OF DEATH (Month, Day, Year)   |  | STATE FILE NUMBER                            |  |  |  |
| 1. Hans Ulrich KLEIN   |  | 2. February 23, 1998  |  | 3a. Lincoln  |  | COUNTY OF DEATH                              |  |  |  |
| 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/Emer. Rm. Inpatient (Specify)         |  | SEX  |  |  |  |
| 3b. Alamo  |  | 3c. Alamo Clinic  |  | 3e. Emergency Rm.  |  | 4. 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)  |  | DATE OF BIRTH (Mo., Day, Yr.)                |  |  |  |
| 5. White   |  | 6.  |  | 7a. 55   |  | 8. January 6, 1943                           |  |  |  |
| UNDER 1 YEAR MOS : DAYS  |  | UNDER 1 DAY HOURS : MINS  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                      |  | SURVIVING SPOUSE (if wife, give maiden name) |  |  |  |
| 9a. Germany  |  | 9b. U.S.A.  |  | 10. 15   |  | 11. Married                                  |  | 12. Charlotte Westfall                 |  |
| STATE OF BIRTH (If not U.S.A., name country)   |  | CITIZEN OF WHAT COUNTRY   |  | Decedent's Education. Specify highest grade completed.                   |  | KIND OF BUSINESS OR INDUSTRY                 |  |  |  |
| 9a. Germany  |  | 9b. U.S.A.  |  | 10. 15   |  | 14b. Animal Control                          |  |  |  |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)  |  | KIND OF BUSINESS OR INDUSTRY   |  |  |  |  |  |
| 13. [REDACTED]   |  | 14a. Senior Officer   |  | 14b. Animal Control  |  |  |  |  |  |
| RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION  |  | STREET AND NUMBER                            |  | INSIDE CITY LIMITS (Specify Yes or No) |  |
| 15a. Nevada  |  | 15b. Lincoln  |  | 15c. Alamo   |  | 15d. 366 2nd North Ave.                      |  | 15e. Yes                               |  |
| FATHER—NAME First Middle Last  |  | MOTHER—MAIDEN NAME First Middle Last  |  |  |  |  |  |  |  |
| 16. Klein  |  | 17. Margaret Klein  |  |  |  |  |  |  |  |
| INFORMANT—NAME (Type or Print)   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  |  |  |  |  |  |  |  |
| 18a. Charlotte Klein   |  | 18b. P.O. Box 483 Alamo, Nevada 89001   |  |  |  |  |  |  |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  | LOCATION City or Town State  |  |  |  |  |  |
| 19a. Cremation   |  | 19b. Desert Memorial  |  | 19c. Las Vegas, Nevada   |  |  |  |  |  |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  |  | FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY   |  |  |  |  |  |
| 20a. [Signature]   |  | 20b. 15   |  | 20c. P.O. Box 994 Caliente, Nevada 89008                                 |  |  |  |  |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.                 |  | 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) [Signature]  |  | (Signature and Title) [Signature]   |  |  |  |  |  |  |  |
| DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH   |  | DATE SIGNED (Mo., Day, Yr.)  |  | HOUR OF DEATH                                |  |  |  |
| 21b. 2-25-98   |  | 21c. 1502   |  | 22b.   |  | 22c.   |  |  |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | PRONOUNCED DEAD (Mo., Day, Yr.)   |  | PRONOUNCED DEAD (Hour)   |  |  |  |  |  |
| 21d.   |  | 22d. ON   |  | 22e. AT  |  |  |  |  |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)               |  | LICENSE NUMBER  |  |  |  |  |  |  |  |
| 23a. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008  |  | 23b. 4798   |  |  |  |  |  |  |  |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  | DEATH DUE TO COMMUNICABLE DISEASE  |  |  |  |  |  |
| 24a. [Signature]   |  | 24b. 2-25-98  |  | 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) Cardiovascular Arrest   |  | DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  | Interval between onset and death             |  | Immediate                              |  |
| (b) Atherosclerotic Coronary Arteriosclerosis  |  | DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  | Interval between onset and death             |  | Years                                  |  |
| (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. |  |   |  |  |  | Interval between onset and death             |  |  |  |
| PART II  |  | AUTOPSY (Specify Yes or No)   |  | WAS CASE REFERRED TO CORONER (Specify Yes or No)                         |  |  |  |  |  |
| 26. No   |  | 27. No  |  |  |  |  |  |  |  |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)   |  | DATE OF INJURY (Mo., Day, Yr.)  |  | HOUR OF INJURY   |  | DESCRIBE HOW INJURY OCCURRED                 |  |  |  |
| 28a.   |  | 28b.  |  | 28c. M   |  | 28d.   |  |  |  |
| INJURY AT WORK (Specify Yes or No)   |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)   |  | LOCATION.  |  | STREET OR R.F.D. No.                         |  | CITY OR TOWN STATE                     |  |
| 28e.   |  | 28f.  |  | 28g.   |  |  |  |  |  |

STATE REGISTRAR

No. 103713



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 27 1998

*Yvonne Sylvia*  
BOOK 197 PAGE 39

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT