

Official Record

Recording requested By  
NANCY CHAVIS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 233 Page- 0655



0129541

APN 1-122-36

APN 1-122-37

APN \_\_\_\_\_

Affidavit of Succession Joint Tenant  
Title of Document

Affirmation Statement

\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

Nancy Chavis  
Signature Title

Nancy Harsen Chavis  
Signature

July 23-07  
Date

Grantees address and mail tax statement:

Nancy Chavis  
239 N. Postville Circle  
Saint George - Utah 84990



APN: \_\_\_\_\_  
When Recorded, mail to:  
Nancy L. Chavis  
239 North Crestline Circle  
St. George, UT 84790

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF LINCOLN   )

KATHERINE OLSON, hereby swears under penalty of perjury that the following assertions are true of her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am KATHERINE OLSON, the same person named as one of the grantees named in that certain Join Tenancy Deed recorded as Document 83931 in Book 68, Page 328 and Document 94073, Book 90, Page 421, of the Official Records, in the Office of the county Recorder of Lincoln County, State of Nevada.
3. The real property which is the subject of the above-described deed is located in the county of Lincoln, State of Nevada, and is known as 145 High Street, Pioche, Lincoln County, Nevada, and more specifically described as follows, to wit:

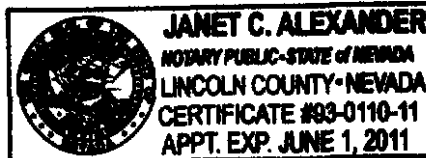
Legal Description: Lots eighty-six (86), Eighty-seven (87), eighty-eight (88), and eighty-nine (89), in Block twenty-three (23) in the town of Pioche, State of Nevada, Assessor's Parcel Numbers: 1-122-36 and 1-122-37

4. RICHARD R. OLSON, also one of the grantees named in said deed is the identical RICHARD R. OLSON, name as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and make a part hereof. I am RICAHRD R. OLSON's widow.
5. As recited in the above described Certificate of Death, RICAHRD U. OLSON died on November 6, 2002 in the City of San Rafael, County of Marin, State of California.

*Katherine Chavis Olson*  
KATHERINE OLSON

SUBSCRIBED AND SWORN to before me this 23<sup>rd</sup> day of July, 2007.

*Janet C. Alexander*  
NOTARY PUBLIC





COUNTY OF MARIN  
 SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH  
 STATE OF CALIFORNIA

3:00221001647

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Richard		2. MIDDLE Rollens		3. LAST (FAMILY) Olson			
4. DATE OF BIRTH M/M/DD/CCTV 01/11/1941		5. AGE YRS. 61		6. SEX M		7. DATE OF DEATH M/M/DD/CCTV 11/06/2002	
8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 12		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Cabinet Maker		18. KIND OF BUSINESS Cabinet Maker		19. YEARS IN OCCUPATION 42			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1040 2nd Street Apt. 5							
21. CITY Novato		22. COUNTY Marin		23. ZIP CODE 94945		24. YRS IN COUNTY 52	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP Katherine Olson, Spouse		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1040 2nd Street Apt. 5, Novato, CA 94945					
28. NAME OF SURVIVING SPOUSE—FIRST Katherine		29. MIDDLE Chavia		30. LAST (MAIDEN NAME) Olson			
31. NAME OF FATHER—FIRST Harry		32. MIDDLE Edward		33. LAST Olson		34. BIRTH STATE Unk	
35. NAME OF MOTHER—FIRST Ruth		36. MIDDLE Lillian		37. LAST (MAIDEN) Rollens		38. BIRTH STATE MI	
39. DATE M/M/DD/CCTV 11/19/2002		40. PLACE OF FINAL DISPOSITION Res of Katherine Olson 101 High St., Pioche, NV 89043					
41. TYPE OF DISPOSITION(S) CR/RES/TR		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Mount Tamalpais Mortuary		45. LICENSE NO. FD-1410		46. SIGNATURE OF LOCAL REGISTRAR Fred S. Schwartz, M.D.		47. DATE M/M/DD/CCTV 11/19/2002	
101. PLACE OF DEATH Marin General Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> PER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Marin	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 250 Bon Air Road		106. CITY Greenbrae					
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. INTERVAL BETWEEN ONSET AND DEATH 1 OF 2 Seconds		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE (A) Brainstem Infarction		DUE TO (B) Basilar Artery Occlusion		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Atherosclerotic Vascular Disease		DUE TO (D)		111. AUTOPTOY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCTV 11/05/2002		115. SIGNATURE AND TITLE OF CERTIFIER Fred S. Schwartz, M.D.		116. LICENSE NO. G40321		117. DATE M/M/DD/CCTV 11/8/02	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP J. Richard Mendius M.D. 1000 S. Eliseo Dr. #204 Greenbrae, CA 94904		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCTV	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		123. HOUR		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE M/M/DD/CCTV		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

235741

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY OF MARIN } SS

DATE ISSUED  
 12/10/2002

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

*Fred S. Schwartz, M.D.*

HEALTH OFFICER  
 MARIN COUNTY, CALIFORNIA

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



