

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 245 Page- 0644

A.P.N. 03-077-07 & 03-077-08

R.P.T.T. \$0.00

Escrow No.

Recording Requested By:

Shirlee Hansen

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Shirlee Hansen

P.O. Box 1066

Caliente, NV 89008



0132928

AFFIDAVIT DEATH OF SPOUSE HOLDING COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Shirlee Hansen
Signature

Title Company
Title

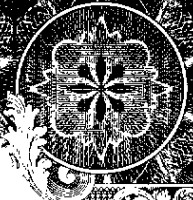
EXHIBIT "A"**PARCEL 1:**

LOTS 1, 2 AND 3, IN BLOCK NO. 1, IN THE CITY OF CALIENTE, AS SAID LOTS ARE DELINEATED IN THE OFFICIAL PLAT OF THE CITY, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE RECORDER OF SAID LINCOLN COUNTY, NEVADA.

PARCEL 2:

THAT PORTION OF LOT 4, IN SAID BLOCK 1, IN THE CITY OF CALIENTE, AS DELINEATED ON THAT CERTAIN MAP RECORDED ON JULY 12, 1996, AS DOCUMENT NO. 105450, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF THIS PARCEL FROM WHICH THE CENTER OF SAID SECTION 8, T4S, R67E, M.D.M., BEARS S54 DEGREES 10'31"E A DISTANCE OF 893.10 FEET; THENCE S59 DEGREES 57'00"W A DISTANCE 7.19 FEET ALONG THE NORTHERLY BOUNDARY OF AN ALLEY TO A POINT; THENCE N30 DEGREES 03'00"W DISTANCE OF 36.63 FEET TO A POINT; THENCE N59 DEGREES 57'00"E A DISTANCE OF 6.00 FEET TO A POINT; THENCE N30 DEGREES 03'00"W A DISTANCE OF 11.49 FEET TO A POINT; THENCE N59 DEGREES 57'00"E A DISTANCE OF 1.19 FEET TO A POINT ON THE MOST EASTERLY BOUNDARY OF SAID LOT 4 OF BLOCK 1; THENCE S30 DEGREES 03'00"E A DISTANCE OF 48.12 FEET TO THE SOUTHEAST CORNER, WHICH IS THE POINT OF BEGINNING.



2008010561
 STATE FILE NUMBER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH
 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

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) William OESTERLE		2. DATE OF DEATH (Mo/Day/Year) June 26, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) 40 Main		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 084	
9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		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) Shirlee HANSEN		13. SOCIAL SECURITY NUMBER	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 40 Main		16. FATHER - NAME (First Middle Last Suffix) OESTERLE		17. MOTHER - NAME (First Middle Last Suffix) PATTERSON	
18a. INFORMANT- NAME (Type or Print) Shirlee HANSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 40 Main, PO Box 1066 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) J ROGERS MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 26, 2008		21c. HOUR OF DEATH 04:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Katschke, Richard William Jr.		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) J ROGERS MD Caliente, NV					23b. LICENSE NUMBER 12529
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2008		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) Aspiration Pneumonia				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Multiple strokes				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
Chronic Obstructive Pulmonary Disease				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

221720

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:

07/15/2008

Rnd White
 SIGNATURE AUTHENTICATED

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

PBNC0 (REV) 11/06

