BOOK 426 PAGE/79-18/
OFFICIAL RECORDS
RECORDED AT THE FEQUEST OF

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EUREKA COUNTY, HEVADA M.N. REBALEATI, RECORDER FILE NO. FEES 440

APN#\_\_\_\_005-280-03

201529

Recording Requested by:

Name Dorothy N. Christiansen

Address c/o Smile4u Inc, P O Box 888

City/State/Zip\_Lynden, WA 98264

Affadavit-Death of Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or printed.

BOOK 426 PAGE | 79

APN: 005-280-03

## Affidavit - Death of Joint Tenant

STATE OF Nevada
County of Eineka
\ \
Dorothy N. Christiansen, of legal age, being first duly sworn, deposes and says: That Harold M. Christiansen, the decedent mentioned in the attached certified copy of Certificate of Death, is the
same person as Harold M. Christiansen named as one of the parties in that certain deeds dated
March 5, 1960, executed by Paul R. Williams and Gerry E. Williams, his wife to Harold M.
Christiansen and Dorothy N. Christiansen, husband and wife as joint tenants, recorded as File No. 34655, on March 7, 1960, of Official Records of Eureka County, Nevada, covering the
following described property situated in the County of Eureka, State of Nevada:
Legal Description:
The Northwest 1/4, of the Southwest 1/4, of the Northwest 1/4; and the North 1/2 of the
Northeast 1/4, of the Southwest 1/4, of the Northwest 1/4, of Section 3, Township 30 North, Range 49 East, Mount Diablo Base and Meridian
Range 49 East, Would Diablo Base and Wendlah
Signature Midling 8/- Ch
to.
Dated: 2 gar day of lett. o
SUBSCRIBED and SWORN to before me:
JOHN M. DANIELS
By: DerRotte A. CHRISTIANSEN  Name of person making statement.  Notary Public-Notary Seal  State of Missouri
Signature My Commission Expires Mar 30, 2008
Notarial Officer
Recording Requested Dy
Afrix
Mail Tax Statements to:

Address: PO Box 888 City, State, Zip: Lynden, WA 98264

Name: Smile4u, Inc

## STATE OF ARKANSAS

TYPE/PRINT IN PERMANENT BLACK INK	0015772 SEP 0 7 1989 ARKANSAS DEPARTMENT OF DEVISION OF VIVIAL RECORD	* <b>4</b> 0	16109	
FOR INSTRUCTIONS SEE HANDBOOK	1. DECEDENT'S NAME (First, Middle, Land  1. DATE OF DEATH (Month, Day, Year, Male Sept. 3, 1989  4. SOCIAL SECURITY NUMBER (First, Middle, Land Christiansen Sept. 3, 1989  4. SOCIAL SECURITY NUMBER (First, Middle, Land Christiansen Sept. 3, 1989)  4. SOCIAL SECURITY NUMBER (First, Middle, Land Christiansen Sept. 3, 1989)  5. DATE OF DEATH (Month), Day, Year, Sept. 3, 1989  4. SOCIAL SECURITY NUMBER (First, Middle, Land Christiansen Sept. 3, 1989)  6. DATE OF DEATH (Month), Day, Year, Sept. 3, 1989)  7. BRITHPLACE (Cay and Sever or Foreign Country)  7. BRITHPLACE (Cay and Sever or Foreign Country)			
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Park Alican Park Park	90. FACILITY NAME (If not methylion, give street and number) 9c. CITY, TOWN	CORLOCATION OF DEATH Shoals Lake	Marion	
	Never Marmet, Widowed, Devoting (Specify) Natraled Dorothy Nauta (One) one of one respective register.	Pilot U.	S.A.F.	
5 5 5	13A RESIDENCE - STATE 135 COUNTY 136 CITY TOWN, OR LOCATION Missouri St. Louis Bridgeton	13d STREET AND NUMBER 12619 Woodfo	1, 1,	
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ž	Yes 63044		l-Year	
+4) E97 (		9 NAME (First, Middle, Maiden Sumerne) phile NMN Hansen		
226	100 MARING ADDRESS (Street and Number of Muril Marine Mumber, City or Thom, State, Zp Code)  Dorothy Christiansen 12619 Woodford Way, Bridgeton, Missouri 62044  200 METHOD OF DISPOSITION			
932	□ Burlei □ Cremeton 및 Removel from State □ Donaton □ Other (Specify)			
Caralist	200. DATE OF DISPOSITION (Month, Dey, Year)  Son 1 1080  200 PLACE OF DISPOSITION (Name of cemetary, crematory, or 20d LOCATION — City or Town, State other place)			
1/4 C	21s - ACCIVATIONS OF EMBALMEN 21s. LICENSE NUMBER 22s. MANE AND ED	DRESS OF FUNERAL HOME Underal Home	226. LICENSE HUM #89	
`_	P.O. BOX  23. PATI. Enter the desamps, injuries, or complications that caused the death. Do not enter the mode of dying,	525 Yellville, Ark.	72687	
RUCTI P SIDE	arrest, shock, or heart failure. Ust only one cause on each line  selections:  Acrohyperia		Interval Between Onset and Death	
2 T	(First desease or conflicts	.9' /	Unknown	
35 85	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):		Unknown	
SEE MATRU ON OTHER I	reading in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions of any, leading to immediate cause. Enter URBERTYPHS  CAUSE (Disease or any)  CAUSE (Disease or any)			
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYBED  CALIFE (Deates or supply That indicated elements resulting in seath) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Tay use as Service 1	Unknown	
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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH. SEP 29 05

Michael A. Adams

State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS WARNING: EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO