

BOOK 426 PAGE 179-181
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4u Inc.
2005 NOV 14 AM 9:49

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 40.00

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 **179**

Affidavit – Death of Joint Tenant

STATE OF Nevada

County of Eureka

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

Signature *Dorothy N. Christiansen*

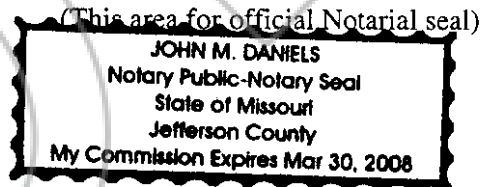
Dated : *28th day of Oct. 2005*

SUBSCRIBED and SWORN to before me :

This *28* day of *OCTOBER*, 2005

By : *DOROTHY N. CHRISTIANSEN*
Name of person making statement.

Signature *John M. Daniels*
Notarial Officer



Recording Requested By

Mail Tax Statements to:

Name: Smile4u, Inc

Address: PO Box 888

City, State, Zip: Lynden, WA 98264

STATE OF ARKANSAS

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

0015772

SEP 07 1989

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

4 4 0 1 6 1 0 9

NAME OF DECEDENT:
For use by physician or medical
SEE INSTRUCTIONS
ON OTHER SIDE

1. DECEDENT'S NAME (First, Middle, Last) Harold Martin Christiansen		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Sept. 3, 1989
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) 61	5b. UNDER 1 YEAR Months Days 0 0	5c. UNDER 1 DAY Hours Minutes 0 0
6. DATE OF BIRTH (Month, Day, Year) Dec. 2, 1927		7. BIRTHPLACE (City and State or Foreign Country) Bonhamtown, N.J.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Other			
9b. FACILITY NAME (If not institution, give street and number) Approx. 2 Mi. South Buck Creek Boat Dock		9c. CITY, TOWN, OR LOCATION OF DEATH Bull Shoals Lake	9d. COUNTY OF DEATH Marion
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Nauta	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Fighter Pilot
12b. KIND OF BUSINESS/INDUSTRY U.S.A.F.			
13a. RESIDENCE - STATE Missouri	13b. COUNTY St. Louis	13c. CITY, TOWN, OR LOCATION Bridgeton	13d. STREET AND NUMBER 12619 Woodford Way
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 63044	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	
15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1-Year	
17. FATHER'S NAME (First, Middle, Last) Charles NMN Christiansen		18. MOTHER'S NAME (First, Middle, Maiden Surname) Sophie NMN Hansen	
19a. INFORMANT'S NAME (Type/Print) Dorothy Christiansen		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12619 Woodford Way, Bridgeton, Missouri 62044	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			
20b. DATE OF DISPOSITION (Month, Day, Year) Sept. 4, 1989		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Arlington National Cemetery Arlington, Va.	
21a. SIGNATURE OF EMBALMER <i>Jim Conner</i>		21b. LICENSE NUMBER 1551	22a. NAME AND ADDRESS OF FUNERAL HOME Burns Funeral Home P.O. Box 525 Yellville, Ark. 72687
22b. LICENSE NUMBER #89			
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
IMMEDIATE CAUSE (First disease or condition resulting in death) Asphyxia		Approximate Interval Between Onset and Death Unknown	
DUE TO (OR AS A CONSEQUENCE OF): Drowning		Unknown	
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
24. WAS AN AUTOPSY PERFORMED? (Yes or No) No		25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No	
26. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation		27. DATE OF INJURY (Month, Day, Year) Sept. 3, 1989	28. TIME OF INJURY 2:40P.
29. INJURY AT WORK? (Yes or No) No			
30. DESCRIBE HOW INJURY OCCURRED Was Diving With Air Tanks and All Proper Equipment			
31. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 2 Mi. South Buck Creek Boat Dock		32. LOCATION (Street and Number or Rural Route Number, City or Town, State) Bull Shoals Lake, Peel, Arkansas	
33. TIME OF DEATH Approx. 2:40P.	34. DATE PRONOUNCED DEAD (Month, Day, Year) September 3, 1989	35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) Yes	
36. MEDICAL EXAMINER or CORONER Only Signature and Title: <i>Jim Conner</i>		37. DATE SIGNED (Month, Day, Year) Sept. 5, 1989	
38. CERTIFYING PHYSICIAN Signature and Title: _____		39. DATE SIGNED (Month, Day, Year) _____	
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Jim Conner Marion County Deputy Coroner P.O. Box 525 Yellville, Arkansas 72687			
41. REGISTRAR'S SIGNATURE <i>Gremauf, Vern, D.D.</i>		42. DATE FILED (Month, Day, Year) Sept. 5, 1989	

25 copies
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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 EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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