

Official RecordRecording requested By
AKE B OHLSON

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: FES

Book- 0465 Page- 0079

When recorded, return to:

Ake B. Ohlson
37752 Granville Drive
Fremont, CA 94536

0210792

STATE OF CALIFORNIA
COUNTY OF ALAMEDA
AFFIDAVIT - DEATH OF JOINT TENANT

AKE B. OHLSON, being of legal age and being first duly sworn, does depose and say:

1. THAT LORRAINE JUDITH OHLSON, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as LORRAINE J. OHLSON, named as one of the joint tenants in that certain Deed dated February 28, 1967, a copy of which is attached hereto, executed by HENRY WEISENFELD, Vice-President of NEVADA TITLE GUARANTY COMPANY, a Nevada corporation, recorded as instrument No. 44326 on March 2, 1967 on the Official Records of the County of Eureka, Nevada.

2. FURTHER THAT I am the surviving spouse of LORRAINE JUDITH OHLSON, who died September 24, 2004, as set forth in the Certified Copy of Certificate of Death, issued by the County of Alameda under Certificate Number 000432769, and attached hereto.

3. FURTHER THAT said Grant Deed covers the following described property situate in the County of Eureka, State of Nevada:

LOT 1 in Block 25 of CRESCENT VALLEY RANCH & FARMS, UNIT
NO. 1, according to the map thereof filed in the office of the County
Recorder of Eureka County, Nevada, as File No. 34081.

The undersigned declares under penalty of perjury, that the foregoing statements are true and correct.

Dated: March 19, 2007

Ake B Ohlson
AKE B. OHLSON

CERTIFICATION OF VITAL RECORD

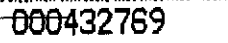
**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

CERTIFICATE OF DEATH

3200401006222

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ERASURES, WHITE OUTS OR ALTERATIONS VS-11 (REV. 10/01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Lorraine		Judith		Ohlson	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs					
06/22/1931		73		F UNDER ONE YEAR Months Days Hours Minutes	
6. SEX F					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		---		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKN	
12. MARITAL STATUS (at time of Death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 hours)	
Married		09/24/2004		0600	
15. EDUCATION -- Highest Level/Degree (see instructions for entry)		16. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back)		17. OCCIDENTAL RACE -- (Up to 3 races may be listed (see worksheet on back))	
Some College		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION -- Type of work for most of life DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Production Supervisor		Soda Pop Manufacturer		10	
20. DECEDENT'S RESIDENCE (Street and number or location)					
37752 Granville Drive					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Fremont		Alameda		94536	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
35		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town state, ZIP)		
Ake Ohlson - Husband			37752 Granville Dr. Fremont, Ca 94536		
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
Ake		---		Ohlson	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
Olaus		---		Quande	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST		36. BIRTH STATE	
Norway		Katherine		CO	
37. LAST (Maiden)		38. BIRTH STATE			
Lodi		CO			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
09/30/2004		RES OF: Ake Ohlson, 37752 Granville Dr. Fremont, CA 94536			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		Not Embalmed		---	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
California Cremation Society		FD1271		Ake B M.D. Yew	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
09/29/2004		Ake B M.D. Yew			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Own Residence		<input type="checkbox"/> IP <input type="checkbox"/> E/PO <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Alameda		37752 Granville Drive		Fremont	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
Enter the chain of events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Acreal number: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) Myelodysplastic Syndrome		3 yrs			
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B disease or injury that initiated the events resulting in death) LAST.		110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
Skin Cancer, Oral Cancer					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?			
---		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKN			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since: Decedent Last Seen Alive		Byron Wilson		6072444	
(A) mm/dd/yyyy (B) mm/dd/yyyy		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
09/31/2001 09/23/2004		Byron Wilson, M.D. 20055 Lake Chabot Rd. #130, Castro Valley, CA 94546		09/28/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119. MANNER OF DEATH		120. INJURED AT WORK?	
		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKN	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. DATE mm/dd/yyyy		123. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. # 51377



000432769

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 10/12/2004

Ake B M.D. Yew
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid 0210792 Book: 465 10/12/2007 Page: 80 Page 2 of 4



Deed

THIS INDENTURE, made and entered into this 28th day of February, 1967, by and between NEVADA TITLE GUARANTY COMPANY, a Nevada corporation, party of the first part, and AKE B. OHLSON and LORRAINE J. OHLSON, husband and wife, as joint tenants with right of survivorship and not as tenants in common, parties of the second part,

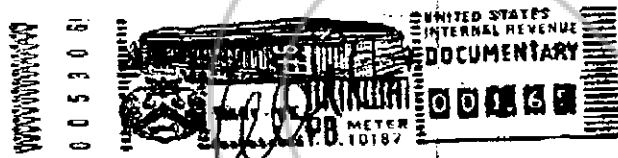
WITNESSETH:

That the said Party of the First Part, in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, to it in hand paid by the said Parties of the Second Part, the receipt of which is hereby acknowledged, does by these presents grant, bargain and sell unto the said Parties of the Second Part, and to the survivor of them, and to the heirs and assigns of such survivor forever, all that certain lot, piece or parcel of land situate in the County of Eureka, State of Nevada, that is described as follows:

Lot 1 in Block 25 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, according to the map thereof filed in the office of the County Recorder of Eureka County, Nevada, as File No. 34081.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances unto the said Parties of the Second Part, and to the survivor of them, and to the heirs and assigns of such survivor forever.



IN WITNESS WHEREOF, the Party of the First Part has caused its corporate name to be hereunto subscribed and its corporate seal affixed pursuant to proper resolutions of its Company the day and year hereinabove written.

NEVADA TITLE GUARANTY COMPANY



STATE OF NEVADA }
County of Washoe } ss

By *Henry Weisenfeld*
Henry Weisenfeld, Vice President
, 1967, personally appeared before me, a Notary Public in and for said county and state, HENRY WEISENFELD

known to me to be the Vice President of the Corporation that executed the foregoing instrument, and upon oath did depose that he the officer of said Corporation as above designated; that he is acquainted with the seal of said Corporation and that the Seal affixed to said instrument is the seal of said Corporation; that the signatures to said instrument were made by the officer of said Corporation as indicated after said signature; and that the said Corporation executed the said instrument freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in said County the day and year in this certificate first above written.

Ake B. & Lorraine J. Ohlson
1939 Nordman St.
Lomita, Calif.
90717

DOCUMENT NO. **44326**
Filed for record at the request of N.T.G. Co. at 53 minutes past 10 o'clock A.M.
Recorded in Book 18 of Official Records Page 233 Records of Eureka County, Nevada
on March 2, 1967.
Shirley H. Aguirre
County Recorder

2.95

SHIRLEY H. AGUIRRE Deputy
Notary Public—State of Nevada
Washoe County
My Commission Expires August 9, 2008

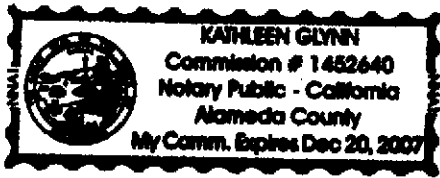
sha



STATE OF CALIFORNIA)
) S
COUNTY OF ALAMEDA)

On this 19 day of March, 2007, before me Kathleen Glynn, a notary public of said State, personally appeared AKE B. OHLSON, known to me OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within affidavit and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the affidavit the person, or the entity upon behalf of which the person acted, executed the deed.

WITNESS my hand and official seal.



Kathleen Glynn
Notary Public

STATE OF CALIFORNIA)
)
COUNTY OF ALAMEDA)

The undersigned, being duly sworn says:

The he is the person signing the above Affidavit; that he has read the same, and knows the contents thereof, and that the facts stated therein are true.

Ake B Ohlson
Signature of Affiant

Subscribed and sworn before me
this 19 day of March, 2007.

Kathleen Glynn
Notary Public

