

AFTER RECORDING, MAIL TO:
Neil B. Leonard
P.O. Box 1077
S. Lake Tahoe, CA 95705

AFFIDAVIT OF DEATH OF
JOINT TENANT

State of California

County of Douglas

I NORMA B. JOHNSON, being duly sworn, say:

I am 21 years of age or over; VICTOR A. JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VICTOR A. JOHNSON, named as one of the parties in the deed dated the 14th and 15th of January, 1945, executed by CHARLES AND MADGE PEFLEY, GEORGE and FRANCIS FRIEDHOFF to VICTOR A. JOHNSON and the undersigned, as joint tenants, recorded on February 17, 1945, in Book X, page 151 and 152 of the Official Records of Douglas County, Nevada, covering the property situated in the County of Douglas, State of Nevada, described as follows:
1448 Pittman Terrace: i.e. Lot 20 Pittman Tract.

The value of the property does not exceed \$20,000.00.

Norma B. Johnson

Subscribed and sworn to before me

on FEBRUARY 22, 1983

Alma D. Johnson

Signature of Notary Public



078528

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CERTIFICATE OF DEATH

3801

5945

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | | | | |
|--|---------------------------------|--|--|--|--|---|--|--------------------------------------|--|
| 1a NAME OF DECEASED—FIRST NAME VICTOR | | 1b MIDDLE NAME A. | | 1c LAST NAME JOHNSON | | 2a DATE OF DEATH—MONTH DAY YEAR 9-9-76 | | 2b HOUR 4:15 pm | |
| 3 SEX Male | 4 COLOR OR RACE White | 5 BIRTHPLACE (STATE OR FOREIGN COUNTRY) California | | 6 DATE OF BIRTH November 30, 1908 | | 7 AGE (LAST BIRTHDAY) 67 YEARS | | IF UNDER 1 YEAR IF UNDER 21 YEARS | |
| 8 NAME AND BIRTHPLACE OF FATHER Edward A. Johnson - New York | | | | 9 MAIDEN NAME AND BIRTHPLACE OF MOTHER Maria M. Moreno - Mexico | | | | | |
| 10 CITIZEN OF WHAT COUNTRY USA | | 11 SOCIAL SECURITY NUMBER 8188A | | 12 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married | | 13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Norma Merlotti | | | |
| 14 LAST OCCUPATION Owner | | 15 NUMBER OF YEARS IN THIS OCCUPATION 50 | | 16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) Johnson Tamale Grotto | | 17 KIND OF INDUSTRY OR BUSINESS Restaurant | | | |

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|----------------|--|--|--|--|--|--|
| PLACE OF DEATH | 18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY Mt. Zion Hospital | | 18b STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1600 Divisadero | | 18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes | |
| | 18d CITY OR TOWN San Francisco | | 18e COUNTY San Francisco | | 18f LENGTH OF STAY IN COUNTY OF DEATH 2 Mos. YEARS | |

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|---|---|--|--|--|---|--|
| USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION) | 19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Cave Rock Cove | | 19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes | | 20 NAME AND MAILING ADDRESS OF INFORMANT Norma Johnson Cave Rock Cove Glenbrook, Nevada 89413 | |
| | 19c CITY OR TOWN Glenbrook | | 19d COUNTY Douglas | | 19e STATE Nevada | |

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|--|--|--|---|--|---|--|--------------------------------------|--|
| PHYSICIAN'S OR CORONER'S CERTIFICATION | 21a CORONER (CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT YOU WERE PRESENT AT THE DEATH OR DECEASED AS REQUIRED BY LAW) | | 21b PHYSICIAN (CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT YOU ATTENDED THE DECEASED FROM [] TO [] ENTER MONTH DAY YEAR) | | 21c PHYSICIAN OR CORONER (NAME AND DEGREE OR TITLE) <i>Ernest K. Krollman MD</i> | | 21d DATE SIGNED <i>10 Sept 76</i> | |
| | 21e ADDRESS <i>1515 South St</i> | | 21f ADDRESS <i>C 1429</i> | | | | | |

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|--------------------------------------|--|--|---|--|--|--|---|--|
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | 22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation | | 22b DATE 9-13-76 | | 23 NAME OF CEMETERY OR CREMATORY Cypress Lawn Cemetery | | 24 EMBALMER—SIGNATURE OF BODY EMBALMER (LICENSE NUMBER) <i>James J. Gentile 6677</i> | |
| | 25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Duggan's Serra Mortuary | | 26 DEATH REFERRED TO CORONER (SPECIFY YES OR NO) No | | 27 LOCAL REGISTRAR—SIGNATURE <i>Ernest H. Smalley, MD</i> | | 28 DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR SEP 13 1976 | |

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|--|---|--|---|------------------------------------|----|--|--|----|
| CAUSE OF DEATH | 29 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) CVA | | ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C | | 31 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| | CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST | | (B) Acute Leukemia | | 32 | | | 33 |
| | | | (C) Chronic myelogenous Leukemia | | 32 | | | |
| 30 PART II OTHER SIGNIFICANT CONDITIONS (DEATH NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I) | | 31 WAS OPERATED ON OR SUBJECT TO ANY OTHER SURGICAL OPERATION OR PROCEDURE (SPECIFY) | | 32a SPECIFY YES OR NO No | | 32b THE BODY WAS AUTOPSYED (SPECIFY YES OR NO) | | |

| | | | | | | | | | | |
|--------------------|--|--|---|--|--|--|---|--|---|--|
| INJURY INFORMATION | 33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | | 34 PLACE OF INJURY (SPECIFY HOME, FACTORY, OFFICE, SHOPS, ETC.) | | 35 INJURY AT WORK (SPECIFY YES OR NO) | | 36a DATE OF INJURY—MONTH DAY YEAR | | 36b HOUR | |
| | 37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | | | 37b DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (FEET OR MILES) | | 38 WERE LABORATORY TESTS DONE FOR TOXIC OR CHEMICAL CAUSE (SPECIFY YES OR NO) | | 39 WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO) | |
| | 40 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) | | | | | | | | | |

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|-----------------|---|---|---|-----------|-----------|----------------|
| STATE REGISTRAR | A | B | C | D | E | F |
| | | | | <i>GL</i> | <i>RF</i> | 2051 04 |

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 83 *6437*

DATED: Jan. 13, 1983

SAN FRANCISCO CALIFORNIA

Mervyn F. Silverman
MERVYN F. SILVERMAN, M.D.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR

SEAL

078528

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REQUESTED BY

Neil B Leonard

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$6.00 pd

1983 APR -7 AM 11:02

SUZANNE BEAUDREAU
RECORDER

Carol A. Upare
dep

078528

BOOK

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