

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 7th day of September, 1944, executed by LEONARD A. BOSSANA and WILHELMINA H. BOSSANA to VICTOR A. JOHNSON and the undersigned, as joint tenants, recorded on October 4, 1946, in Book X, page 81 of the Official Records of Douglas County, Nevada, covering the property situated in the County of Douglas, State of Nevada, described as follows:

Lot 3 of Subdivision I, Caverock Cove, LTD Tract.
The value of the property does not exceed \$300,000.00

Norma B. Johnson

Subscribed and sworn to before me

on FEBRUARY 22, 1983

Alma D Johnson

Signature of Notary Public



PETER A. TOMASINO
Attorney at Law
1180 Sandy Way
P.O. Box 70
So. Lake Tahoe
California 95705
0010 541 0004

078529

BOOK 483 PAGE 300

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

18A PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18B STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		18C INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
Mt. Zion Hospital		1600 Divisadero		Yes	
18D CITY OR TOWN		18E COUNTY		18F LENGTH OF STAY IN COUNTY OF DEATH	
San Francisco		San Francisco		2 Mos. YEARS	
18G CITY OR TOWN		18H COUNTY		18I LENGTH OF STAY IN CALIFORNIA	
Glenbrook		Douglas		2 Mos. YEARS	

19A USUAL RESIDENCE—(STREET ADDRESS (STREET AND NUMBER OR LOCATION))		19B INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20 NAME AND MAILING ADDRESS OF INFORMANT	
Cave Rock Cove		Yes		Norma Johnson Cave Rock Cove Glenbrook, Nevada 89413	
19C CITY OR TOWN		19D COUNTY		19E STATE	
Glenbrook		Douglas		Nevada	

21A CORONER (PERMIT NUMBER AND SEARCH NUMBER OF THE DEATH REPORTED AT THE TIME DATE AND PLACE STATED ABOVE FOR CORONER STATES BELOW AND THAT HE MADE HER ON THE DEATH OF DECEASED AS REQUIRED BY LAW)		21B PHYSICIAN (PERMIT NUMBER AND SEARCH NUMBER OF THE DEATH REPORTED AT THE TIME DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT HE ATTENDED THE DECEASED)		21C PHYSICIAN OR CORONER (FULL NAME AND STATE OR P.C.S.)		21D DATE SIGNED	
		July 26 9/9/76 9/9/76		Ernest P. [Signature]		10 Sept '76	
21E ADDRESS		21F PHYSICIAN'S CALIFORNIA LICENSE NUMBER					
1515 South St		C 14280					

22A SPECIFY MANNER OF BURIAL OR CREMATION		22B DATE		23 NAME OF CEMETERY OR CREMATORY		24 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	
Cremation		9-13-76		Cypress Lawn Cemetery		James J. Gentile 6677	
25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26 IF DECEASED WAS REPORTED TO LOCAL REGISTRAR (SPECIFY YES OR NO)		27 LOCAL REGISTRAR—SIGNATURE		28 DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR	
Duggan's Serra Mortuary		No		[Signature]		SEP 13 1976	

29 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
CVA				3d					
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (AF) STATING THE UNDERLYING CAUSE LAST		DUE TO OR AS A CONSEQUENCE OF (B)		3mo					
		Acute Leukemia							
		DUE TO OR AS A CONSEQUENCE OF (C)		11 yrs					
		Chronic myelogenous Leukemia							
30 PART II OTHER SIGNIFICANT CONDITIONS—(CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I)				31 WAS OPERATOR IN A BUS OR TRUCK OPERATING OR ASSISTING AT THE TIME OF DEATH?		32A AUTOPSY SPECIFY YES OR NO		32B IF YES, WHEN AND WHERE PERFORMED (SPECIFY YES OR NO)	
				No		No			

33 SPECIFY ACCIDENT SOURCE OR HOWEVER		34 PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		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 HOSPITAL (MILES)		38 WERE LATERAL X-RAY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39 WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (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 22)									

STATE REGISTRAR	A	B	C	D	E	F
				61	80	2051 64

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

078529
BOOK 483 PAGE 301

REQUESTED BY

Neil B Leonard

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

\$6.00 pd.

1983 APR -7 AM 11:06

SUZANNE BEAUDREAU
RECORDER

Carol J. Upset

Dep.

078529

BOOK 483 PAGE 302