

✓ J. MATUS
P.O. Box 11008
ZEMME COVE, NV 89448

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA)

COUNTY OF Douglas)

JOHN MATUS, being first duly sworn, deposes

and says:

That Affiant is the surviving spouse of ELIZABETH MATUS, and that the Affiant and the said ELIZABETH MATUS deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 14th day of October, 1975, under the terms of which CAVE ROCK ESTATES, a corporate co-partnership composed of STANLEY L. MARTIN, INC., a corporation, DON MAR DEVELOPMENT CORP., a corporation and G-E-M DEVELOPMENT CORP., a corporation was Seller, to JOHN MATUS and ELIZABETH MATUS, husband and wife, as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded October 27, 1975, in Book 1075, Page 1094, being Document No. 84090, of the Official Records in Douglas County Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada

Lot 60, as shown on the map of CAVE ROCK ESTQTES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 29, 1968.

That the said Elizabeth Matus, one of the the Joint Tenancy Deed, died on the 10th day of July, 1984, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A", that the said certified copy of Death Certificate is hereby refered to and by such reference is incorp-

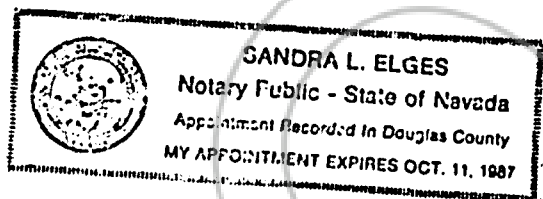
1 orated into this paragraph as though herein fully set forth. That all interest
2 in and to said real property, hereinabove described, vested absolutely in Affiant
3 namely, John Matus,
4 as of the date of decedent's death.

5
6
7
8 John Matus
9 John Matus

10
11 SUBSCRIBED AND SWORN TO Before me
12 this 10th day of September, 19 84

13
14 Sandra L. Elges

15 NOTARY PUBLIC



106553

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CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

SEAL

Ardis Wise Deputy Registrar
 Registrar of Vital Statistics JUL 13 1984
 El Dorado County, California Date

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
1A. NAME OF DECEDENT—FIRST ELIZABETH		1B. MIDDLE AGNES		1C. LAST MATUS		2A. DATE OF DEATH (MONTH, DAY, YEAR) July 10, 1984		2B. HOUR 1200		
3. SEX Female	4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH June 12, 1921		7. AGE 63 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOUR MINUTES		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California			9. NAME AND BIRTHPLACE OF FATHER William S. Johnston - Canada			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mary McCution - Missouri				
11. CITIZEN OF WHAT COUNTRY U.S.A.			12. SOCIAL SECURITY NUMBER 2627		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME) John Matus			
15. PRIMARY OCCUPATION Scenic Artist		16. NUMBER OF YEARS THIS OCCUPATION 30	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) KCET PUBLIC TELEVISION			18. KIND OF INDUSTRY OR BUSINESS Communications				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 288 Robin Circle					19B.	19C. CITY OR TOWN Cave Rock				
19D. COUNTY Douglas			19E. STATE Nevada		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP John Matus - Husband P.O. Box 11008 Zephyr Cove, Nevada 89448					
21A. PLACE OF DEATH Barton Memorial Hospital			21B. COUNTY El Dorado							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4th and South Ave.			21D. CITY OR TOWN So. Lake Tahoe							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? NO			
(A) <i>Medullary Failure</i> DUE TO, OR AS A CONSEQUENCE OF						2 days	25. WAS BIOPSY PERFORMED? NO			
(B) <i>rupture middle cerebral a. aneurysm</i> DUE TO, OR AS A CONSEQUENCE OF						2 days	26. WAS AUTOPSY PERFORMED? NO			
(C) <i>Intracranial Aneurysm</i>						life long				
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>Hypertension</i>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 7-08-84			28B. PHYSICIAN'S SIGNATURE AND REGISTRATION NO. <i>[Signature]</i>			28C. DATE SIGNED 7-11-84		28D. PHYSICIAN'S LICENSE NUMBER A-2081		
			28E. TYPE PHYSICIAN'S NAME AND ADDRESS John B. Harris, M.D., FACS, 2133 South Ave., So. Lake Tahoe, Calif.							
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR		32B. HOUR		
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN INQUEST INVESTIGATION					35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>			35C. DATE SIGNED		
36. DISPOSITION Cremation		37. DATE MONTH DAY YEAR 7-13-84		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Forest Lawn Glendale, Glendale, California			39. ENGRAVER'S LICENSE NUMBER AND SIGNATURE 6907-Michalski M. Fabian			
40A. NAME OF FUNERAL HOME PERSON ACTING AS SURVIVOR Forest Lawn Hollywood Hills			40B. LICENSE NO. 904		41. LOCAL REGISTRAR'S SIGNATURE <i>Curtiss E. Weidmer</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 13 1984			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

REQUESTED BY
John Matus
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

'84 SEP 12 AM 03:33

SUZANNE BEAUDREAU
 RECORDER

\$ 4.00 PAID TO DEPUTY

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