

Roberta Torres
RECORDING REQUESTED BY
Roberta Torres

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET
ADDRESS
CITY,
STATE
ZIP

Roberta Torres
3740 Christopher Circle
Reno, Nevada

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA

COUNTY OF DOUGLAS

} ss.

That Roberta Torres, of legal age, being first duly sworn, deposes and says:
That Robert Gendejas Ayala, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert C. Ayala

named as one of the parties in that certain joint tenancy grant dated Jan. 2, 19 86 executed by Robert C. Ayala

to Robert C. Ayala and Roberta Torres, father & Daughter as as joint tenants, recorded as Instrument No. 129711, on Jan. 21, 1986, in Book 136, Page 1606, of the Official Records in the Office of the County Recorder of Douglas

County, State of ~~California~~ Nevada, concerning the following described real property situated in the City of Minden, County of Douglas, State of ~~California~~ Nevada

A Parcel of Land situated in Section 24, Township 12 NORTH, Range 20 East, M.D.B. & M., being a portion of Lot 28, as shown on Official Map of RUTHENSTROUGH RANCHOS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, NEVADA, on April 14, 1965, as Document No. 27706 more particular described as follows:

Parcel 1, as set forth on that Parcel Map of Hawks, et al, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 21, 1977, as document No. 15238.

NOTE : THIS CONVEYANCE CHANGES MANNER IN WHICH TITLE IS HELD. (R. & T...11911)

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ \$22,000

Dated September 11, 19 86 Roberta Torres 140822
Roberta Torres (Signature of Joint Tenant)

STATE OF NEVADA
COUNTY OF DOUGLAS

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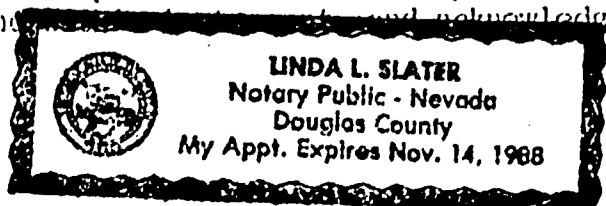
On this 11th day of September 19 86, before me, Linda L. Slater the undersigned Notary Public, personally appeared _____

Roberta Torres

- () Personally known to me
(x) Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the foregoing instrument and acknowledged that she executed it.

WITNESS my hand and official seal.

Linda L. Slater
Notary's Signature



CERTIFICATE OF DEATH

STATE OF CALIFORNIA LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE		1C. LAST			2A. DATE OF DEATH (MONTH, DAY, YEAR)			2B. HOUR		
Robert	Cendejas		Ayala			July 25, 1986			0240		
3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Male	Caucasian		<input checked="" type="checkbox"/>	April 25, 1922			64 YEARS				
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER						10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
California			Bernardino Ayala - Mexico						Primitiva Cendejas-Mexico		
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
U.S.A.	1941 TO 1945		-2873		Widowed						
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS				
Sheet Metal Worker		32		Jerry Witt			Sheet Metal Manufacturer				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.			19C. CITY OR TOWN		
22627 Ladeene Avenue									Torrance		
19D. COUNTY			19E. STATE			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Los Angeles			California			Sylvia Bandura (daughter) 22627 Ladeene Avenue Torrance, California 90505					
21A. PLACE OF DEATH			21B. COUNTY								
Bay Harbor Rehab. Center			Los Angeles								
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN								
3620 Lomita Boulevard			Torrance								
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A)	<i>Cessation of Respiration</i>	10min	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	NO	25. WAS BIOPSY PERFORMED?	NO	26. WAS AUTOPSY PERFORMED?	NO	
	(B)	<i>Severe emphysema</i>	10yrs								
	(C)										
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE					
<i>malnutrition and dehydration</i>						<i>Ne</i>					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
7-15-86			<i>Daniel K. Kao M.D.</i>			7/25/86		A-24546			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS											
DANIEL K. KAO, 4201 Torrance Blvd, Torrance											
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			35C. DATE SIGNED		
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Burial		July 30, 1986		Green Hills Mem. Park, 27501 S. Western Ave, Rancho P. V., CA				7598 Michael Eaton			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE			42. DATE ACCEPTED BY LOCAL REGISTRAR				
Halverson, Stone & Myers			960	<i>Robert Stone</i>			JUL 25 1986				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.					

VS-11 (1-85)

07-9-1-0788

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN FULL FAITH.

JUL 25 1986

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Robert Stone
Director of Health Services and Registrar

REQUESTED BY
Robert Stone
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'86 SEP 11 A9:49

SUZANNE BEAUDREAU
RECORDER

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