RECORDING REQUESTED BY Spancer Moergage Corp 14827 VENTUER BIND, SUITE 200 SPERMAN DAKS, CA 91403 AND WHEN RECORDED MAIL TO Mr. and Mrs. John Royer P. O. Box 11174 Zephyr Cove, Nevada 89448

SPACE ABOVE THIS LINE FOR RECORDER'S USE_

500K 788PAGE 3160

Affidavit—Death of Joint Tenant

Title Order No.

Street Address City & State

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY TO 426 C (9-67)
Exempt from documentary transfer tax as per item 6, 375.090 Exemptions
STATE OF CALIFORNIA, ss.
County of Los Angeles
JOHN R. ROYER, of legal age, being first duly sworn, deposes and says:
That CARMEN ROYER , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CARMEN ROYER
named as one of the parties in that certain Grant Deed dated September 22, 1986 executed by JOHN R. ROYER AND CARMEN ROYER, Trustees of the 1985 ROYER FAMILY TRUST,
U/D/T 11/25/85 to JOHN R. ROYER AND CARMEN ROYER, husband and wife as joint tenants, recorded as Instrument No. 142133, on October 3, 1986, in
book 1086 , page 354 , of Official Records of Douglas
County, California, covering the following described property situated in the County of Douglas, State of Nevada
Lot 159 as shown on the Map of SKYLAND SUBDIVISION, No. 3, filed in the Office of the County Recorder on February 24, 1960, as Document No. 15653. Together with all beach rights as contained in Deed to Skyland Water Co., recorded February 5, 1960 as Document No. 15573, Douglas County, Nevada
That the value of all real and personal property owned by said decedent at date of death, including the full value of
the property above described, did not then exceed the sum of \$2,000,000.00
Dated July 11, 1988 John R. Royer
SUBSCRIBED AND SWORN TO before me
thislth_day_ofJuly_1988 Signature
182773
(This area for official notarial seal)

Escrow or Loan No.

					VIE OF DE	A I D	386130	40321
	STATE FILE			TATE C	F CALIFORNIA		LUCAL REGISTRATION DIS	TRICT AND CERTIFICATE MIMRER
	IA NAME O	F DECEDENT - FIR	ST 1 18. MIDOLE		I IC. LAST		2A. DATE OF DEAT	M (MONTH, DAT, YEAR) 128 HOUR
	CARME	11	L NMN		ROYER		SEPTEMBER 28 19880550	
	3 SEX 4 HAGE/ETHNIGITY				6. DATE OF BIRTH			DER 1 YEAR IF UNDER 24 HOURS
	- ,		l NO				MONT	
	<u>Female</u>	White/Ame	rican 😾 🗀		October]	. 1913	72 YEARS	
DECEDENT PERSONAL	B. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND	BIRTHPLACE OF MOTHER		
DATA	PA		Morris Nimelstein		- Argentina		Rose Noble	- Russia
	11A. CITIZEN OF 11B IF DE WHAT COUNTRY MILITARY C		WARRA WAR BURN IN		2. SOCIAL SECURITY NUMBER 13. MARITAL STATUS		14. NAME OF SURV	IVING SPOUSE OF WIFE, ENTER
			VE DATES OF SERVICE.		2479 Married		BRTH HAME)	
	U.S.A.		TO 19	2479 Married		John R. Royer		
	1		THE OCCUPATION	1		NO. SO SIXTE	18. KIND OF INDUSTRY	On Business
	Homemak		Adult Life	<u>Sel</u>	f Employed		HOMEMAKING	\
	19A. USUAL RI	ESIDENCE—STREET A	DORESS (STREET AND NUMBI-	A ON FOCY	пом 198.		19C. CITY OR TOWN	
USUAL	2931 Shadow Brook Lane				į		Westlake Village	
RESIDENCE				119E. 5	TATE	20. NAME A	NO ADDRESS OF INFORMANT—RELATIONSHIP	
	l Wanting a			1 00				
	Ventura						R. Royer Hu	
!	21A. PLACE OF DEATH				OUNTY	2931	Shadow Brook	Lane
PLACE	City of Hope Medical Center				s Angeles		ake Village,	
OF DEATH	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				ITY OR TOWN		anc Tillage,	CA: 31301
	1500 East Duarte Road				arte			
	22 DEATH WA	S CAUSED BY:	ENTER ONLY ONE			ND CI		I a
	IMMEDIATE CA			_		1		24. WAS DEATH REPORTED TO CORONEN?
	CONDITIONS, IF ANY, (IA) Gastrie outlet obstruction & 3 wh MATE NO							
CAUSE	WHICH GAVE RIS	E TO DUE TO, C	R AS A CONSEQUENCE OF			1	INTERVAL	
DEATH	THE HAMEDIATE CAUSE. IN OWANAN Cancer metastatic. 3-4 mg BETWEEN YES							Yes \
	STATING THE UN	DER- DUE TO, C	A AS A CONSEQUENCE OF	7		3.7.1.	AND	26. WAS AUTOPSY PERFORMED?
	LYING CAUSE LA	1		- N.	- N		DEATH	
		(6)				7		Yes
ļ	IN 22A	EPICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT F	RELATED TO CAUSE G	VEN 27. WAS OPEN	ATION PERFORMED FOR A	UNY CONDITION IN ITEMS 22 OR
	Keg	nt lower	love preum	oma		237 NO OF 6	7	VAIL
	28A. I CERTIFY	THAT DEATH OC	CURRED AT THE 126	B. PHYSIC	IAN-BOHATURE AND	DEGREE OR TITLE	28C. DATE SIGNED 12	SO. PHYSICIAN'S LICENSE MUNICIPA
PHYSI- CIAN'S	STATED.		1 •	Luil	le Leone	in	Sept. 29 0	G-43999
CERTIFICA-	(ENTER MO. D		BAW DECEDENT ALIVE 12	E TYPE P	HYSICIAN'S NAME	ND ADDRESS	1986	1-43333
TION					Transmit a tember 1			
	8/29/96	: i o/	20/06 t		n.	76.		_ 91010
	8/28/86		28/86 Lu	cill	e Leong,M	D,1500 E.	Duarte Rd.	
		9/ DENT, SUICIDE, ETC.	28/86 Lu 30. PLACE OF HAUNY	cill	e Leong,M	D,1500 E.	Duarte Rd.	Duarte, CA,
INJURY	29. SPECIFY ACC	DENT, SUICIDE, ETC.	30. PLACE OF HAURY	The second second	e Leong,M	D,1500 E.	Duarte Rd.	
INJURY INFORMA- TION	29. SPECIFY ACC	DENT, SUICIDE, ETC.		The second second	e Leong, M	D,1500 E.	Duarte Rd.	H, DAY, YEAR 325. HOUR
INFORMA- TION	29. SPECIFY ACC	DENT, SUICIDE, ETC.	30. PLACE OF HAURY	The second second	e Leong, M	D,1500 E.	Duarte Rd.	H, DAY, YEAR 325. HOUR
INFORMA- TION CORONER'S	29. SPECIFY ACCION	CETTEET AND HIMSER	30. PLACE OF HARRY OR LOCATION AND CITY OR TO	***	e Leong, M	D,1500 E. UURYAT WORK SZA	Duarte Rd. DATE OF HULBY—MONTH HED EYENTS WISCH RESU	LTED IN INJURY)
INFORMA- TION CORONER'S USE	29. SPECIFY ACCION 33. LOCATION 35A. I CERTIFY	CETREET AND MANGER	30. PLACE OF INJURY OR LOCATION AND CITY OR TO		e Leong, M	D,1500 E. UURYAT WORK SZA	Duarte Rd.	H, DAY, YEAR 325. HOUR
INFORMA- TION CORONER'S USE ONLY	29. SPECIFY ACCION 33. LOCATION 35A. I CERTIFY THE CAUSES STA	CETREET AND MANGER THAT DEATH OCCUR THAT DEATH OCCUR TED. AS RECURRED S	OR LOCATION AND CITY ON TO OR LOCATION AND CITY ON TO OR LOCATION AND CITY ON TO AND AT THE HOUR, DATE AN Y LAW I HAVE HILD AN (IN	O PLACE S	B Leong, M 31. IN 34. DESCRIBE IN STRATION 358.	D,1500 E. UURYAT WORK SZA	Duarte Rd. DATE OF HULBY—MONTH HED EYENTS WISCH RESU	LTED IN INJURY)
INFORMA- TION CORONER'S USE ONLY	29. SPECSFY ACC. 33. LOCATION 35A. I CERTIFY THE CAUSES STA N 37. DATE	CETREET AND MANGER THAT DEATH OCCUR THAT DEATH OCCUR TED. AS REQUIRED S E-MONTH, DAY, YEAR	OR LOCATION AND CITY OR TO OR LOCATION AND CITY OR TO HED AT THE HOUR, DATE AM Y LAW I HAVE HELD AM (IN 18. NAME AND ADDRESS O	O PLACE SOUEST-INVE	B Leong, M 31. IN 34. DESCRIBE IN STRAIN STRAIN STRAIN STRAIN STRAIN OF CREMATORY	D, 1500 E. JUNYAT WORK SZA DW INJURY OCCURR CORONER—BISHAR	Duarte Rd. DATE OF HULHY—MONTH HED EVENTS WHECH RESU HES AND DEGREES ON TITLE 39. EMBALMER'S LI	LTED IN INJURY) 38C. DATE SIGNED CEDIGE MARKET AND SIGNATURE
INFORMA- TION CORONER'S USE ONLY DE DISPOSITIO Crematio	33. LOCATION 35A. I CERTIFY THE CAUSES STA ON 37. DATE OCt.	CETREET AND HUMBER THAT DEATH OCCUR LITED. AS REQUIRED S E-MONTH, DAY, YEAR 1, 1986	OR LOCATION AND CITY OR TO NED AT THE HOUR, DATE AM IY LAW I HAVE HELD AN (IN 18. NAME AND ADDRESS O Valley Oaks	D PLACE S DUEST-HIVE	TATED FROM SEE	D, 1500 E. DANYAT WORK SZA DW INJURY OCCURR CORONER—MINATURAL	Duarte Rd. DATE OF HULHY—MONTH HED EVENTS WHECH RESU HES AND DEGREES ON TITLE 39. EMBALMER'S LI	LTED IN INJURY) 38C. DATE SIGNED CEDIGE MARKET AND SIGNATURE
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INFORMATION CORONER'S USE ONLY 36. DISPOSITIO Crematio 40A. HAMEOPE PIERCE	39. LOCATION 38A. I CERTIFY THE CAUSES STA ON 37. DATE ON OCT. UNBRALDISCTOR BROTHERS	CETREET AND MARKET THAT DEATH OCCUR LYED, AS REQUIRED E E-MONTH, DAY, YEAR 1, 1986 ON PERSON ACTINE A VALLEY OAK	OR LOCATION AND CITY ON TO INDICATION AND CITY ON TO INDICAT THE HOUR, DATE ANY LAW I HAVE HELD AN ON ISO, NAME AND ADDRESS O Valley Oaks S UCH 408. LICENSE NO. S F-1344	D PLACE S DUEST-HIVE	B Leong, M 31. IN 34. DESCRIBE IN STRAIN STRAIN STRAIN STRAIN STRAIN OF CREMATORY	D,1500 E. JANYAT WORK SZA DW HIJURY OCCURR CORONER—BISHAT. 11age, CA.	Duarte Rd. DATE OF HAURY—MONTH RED EYENTS WISCH RESU RES AND DEGREE OR TITLE 38. EMBALMEN'S LA 7465	SEP 30 1986
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This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

MAY 8 1988

LOS ANGELES COUNTY, CALIFORNIA



Spencer Mortgage Corp.

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RECORDER

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