

RECORDING REQUESTED BY

Spencer Mortgage Corp  
14827 VENTURA BLVD, SUITE 220  
SHEPHERD OAKS, CA 91403  
AND WHEN RECORDED MAIL TO

Name  Mr. and Mrs. John Royer  
P. O. Box 11174  
Street Address Zephyr Cove, Nevada 89448  
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit—Death of Joint Tenant

TO 426 C (9-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

Exempt from documentary transfer tax as per item 6, 375.090 Exemptions

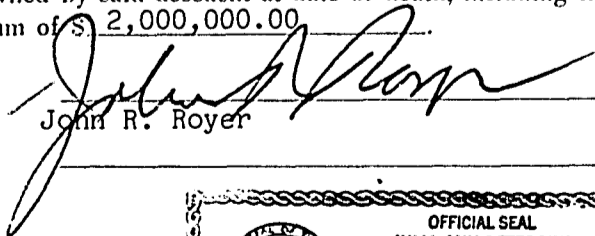
STATE OF CALIFORNIA,  
COUNTY OF Los Angeles } ss.

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 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.

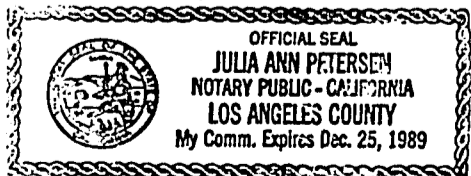
Dated July 11, 1988

  
John R. Royer

SUBSCRIBED AND SWORN TO before me

this 11th day of July 1988

Signature Julia Ann Petersen  
Name (Typed or Printed)



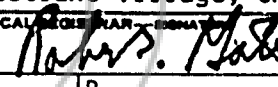
182773

(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. BOOK 788 PAGE 3160

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

38619045327

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST			1B. MIDDLE		1C. LAST
CARMEN			NMN		ROYER
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	6. DATE OF BIRTH
Female		White/American		NO	October 11, 1913
7. AGE			8. DATE OF BIRTH		9. NAME AND BIRTHPLACE OF FATHER
72 YEARS			October 11, 1913		Morris Nimelstein - Argentina
10. BIRTH NAME AND BIRTHPLACE OF MOTHER			11. CITIZEN OF WHAT COUNTRY		
Rose Noble - Russia			U.S.A.		
12. SOCIAL SECURITY NUMBER			13. MARITAL STATUS		
[REDACTED] 2479			Married		
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			15. PRIMARY OCCUPATION		
John R. Royer			Homemaker		
16. KIND OF INDUSTRY OR BUSINESS			17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. NUMBER OF YEARS THIS OCCUPATION
HOMEMAKING			Self Employed		Adult Life
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN
2931 Shadow Brook Lane					Westlake Village
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Ventura			CA.		John R. Royer Husband
21A. PLACE OF DEATH			21B. COUNTY		2931 Shadow Brook Lane
City of Hope Medical Center			Los Angeles		Westlake Village, CA. 91361
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
1500 East Duarte Road			Duarte		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE			23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.			(A) <i>Gastric outlet obstruction</i> ◀ 3 wk DUE TO, OR AS A CONSEQUENCE OF (B) <i>Ovarian Cancer, metastatic</i> ◀ 3-4 mo DUE TO, OR AS A CONSEQUENCE OF (C)		
24. WAS DEATH REPORTED TO CORONER?			25. WASopsy PERFORMED?		
No			Yes		
26. WAS AUTOPSY PERFORMED?			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
Yes			NO		
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
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)      (ENTER MO. DA. YR.)			Lucille Leong MD		Sept. 29 1986
28D. TYPE PHYSICIAN'S NAME AND ADDRESS			28E. PHYSICIAN'S LICENSE NUMBER		
8/28/86      9/28/86      Lucille Leong, MD, 1500 E. Duarte Rd., Duarte, CA, 91010			G-43999		
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 CRYPTORY	
Cremation		Oct. 1, 1986		Valley Oaks Cem., Westlake Village, CA.	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
PIERCE BROTHERS VALLEY OAKS		F-1344			
42. DATE ACCEPTED BY LOCAL REGISTRAR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
SEP 30 1986		7465 <i>Dorix Winder</i>			
STATE REGISTRAR	A.	B.	C.	D.	E.

This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

MAY 3 1988

*Shah Winder* REGISTRAR RECORDER  
LOS ANGELES COUNTY, CALIFORNIA



REQUESTED BY  
*Spencer Mortgage Corp.*  
AN OFFICIAL RECORDS OF  
NUGLAS CO. NEVADA

88 JUL 25 AIO:38

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BOOK 788 PAGE 3161

BERNARD BEAUDREAU  
RECORDER

6<sup>00</sup> PAID *BH* DEPUTY