

RECORDING REQUESTED BY

#44448 MJC

AND WHEN RECORDED MAIL TO

NAME EDGAR A. REYNOLDS
STREET ADDRESS 1024 Rockrose Avenue
Sunnyvale, CA 94086
CITY, STATE, ZIP

Order No. Escrow No. 44448 MJC

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF CALIFORNIA,

County of SANTA CLARA

} ss.

EDGAR A. REYNOLDS

That SHIRLEY M. REYNOLDS, of legal age, being first duly sworn, deposes and says:
Certificate of Death, is the same person as SHIRLEY M. REYNOLDS, the decedent mentioned in the attached certified copy of
named as one of the parties in that certain JOINT TENANCY DEED dated APRIL 23, 1968,
executed by TOPAZ RANCH ESTATES, FRED BALLMAN, PRESIDENT
to EDGAR A. REYNOLDS and SHIRLEY M. REYNOLDS, husband and wife
as joint tenants, recorded as Instrument No. 83567, on October 3, 1975, in
book 1075, page 141, of Official Records of Douglas DOUGLAS
County, California, covering the following described property situated in the unincorporated,
Nevada County of Douglas, State of California: Nevada:

Lot 131, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, AS
filed in the office of the County Recorder of Douglas County, Nevada,
on February 20, 1967, in Book 47, page 761, as Document No. 35464.

APN 37-252-04

Dated OCTOBER 7, 1988

Edgar A. Reynolds (Signature)

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said County
and State, this day
of

Notary Public in and for said County and State

188551
BOOK 1088 PAGE 1842

(This area for official notarial seal)

# TICOR TITLE INSURANCE

(Individual)

STATE OF CALIFORNIA  
COUNTY OF Santa Clara } ss.

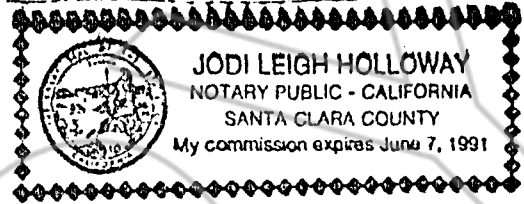
On October 7, 1988 before me, the undersigned, a Notary Public in and for  
said State, personally appeared Edgar A. Reynolds

\_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory evidence to be  
the person whose name is subscribed to the  
within instrument and acknowledged that he ex-  
cuted the same.

WITNESS my hand and official seal

Signature

*Jodi Leigh Holloway*  
JODI LEIGH HOLLOWAY



(This area for official notarial seal)

STAPLE HERE

**CERTIFICATION OF VITAL RECORD**

# COUNTY of SANTA CLARA

HEALTH DEPARTMENT  
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH 38843-004007**

STATE FILE NUMBER		STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA  101	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
	Shirley		M.	Reynolds		May 22, 1988		2237
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input type="checkbox"/> X	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS MINUTES
	Female	Cauc		July 24, 1929		58		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
Vermont		Larry McLean - NY			Mary Thomas - Vermont			
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 OF WIFE, ENTER BIRTH NAME		
USA		19 -- TO 19 --		0447	Married	Edgar Reynolds		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS		
Homemaker		Adult Life		Self		Home AMENDED		
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN		1 OF 2	
	1024 Rock Rose Road			508505	Sunnyvale			
PLACE OF DEATH  05	190. COUNTY			19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
	Santa Clara			CA	Ed Reynolds - Husband			
	21A. PLACE OF DEATH			21B. COUNTY		1024 Rock Rose Road		
	El Camino Hospital			Santa Clara		Sunnyvale, CA 94086		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN					
2500 Grant Road			Mountain View					
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.							25. WAS BIOPSY PERFORMED?
	(A) <i>cardiopulmonary arrest</i>							26. WAS AUTOPSY PERFORMED?
(B) <i>cerebrovascular accident</i>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
(C) <i>—</i>								
PHYSICIAN'S CERTIFICATION	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	
	I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			<i>Gary Zweig MD</i>		5/26/88	639193	
	5/21/88			5/23/88		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		
29. SPECIFY ACCIDENT, BURIAL, 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)					
CORONER'S USE ONLY	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 (INQUIRY- 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		
Cremation		May 31, 1988		Cedar Lawn Memorial Park, Fremont		Not Embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRY SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
LIMA FAMILY SUNNYVALE			F-1169		<i>Stephen A. Coray M.D.</i>		MAY 27 1988	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.		

H091558

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA ) SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

BY

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

SEP 23 1988

*Stephen A. Coray M.D.*

STEPHEN A. CORAY, MD  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

188551

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

THIS FORM MUST BE COMPLETED IN BLACK INK 2
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

88-087792

[X] DEATH

[ ] FETAL DEATH

[ ] BIRTH

38843-004007

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME: Shirley; 1b. MIDDLE NAME: M.; 1c. LAST NAME: Reynolds; 2. PLACE OF OCCURRENCE: Mountain View; 3. DATE OF EVENT: May 22, 1988

2 of 2

Table with 4 columns: Item Number, Information exactly as reported, Information as it should be stated, and Statement of Amendments. Row 28a shows dates 5-21-88 - 5-23-88 and 5-21-88 - 5-22-88.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER. 6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 7a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: Gary Zweig; 7b. DATE SIGNED: 8/31/88; 8a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE): Gary Zweig; 8b. DEGREE OR TITLE: M.D.; 8c. ADDRESS—STREET, CITY, STATE: 596 Carroll St., Sunnyvale, CA 94086

REGISTRAR'S OFFICE: Office of State Registrar of Vital Statistics; 9a. OFFICE OF STATE OR LOCAL REGISTRAR; 9b. DATE ACCEPTED: SEP 13 1988

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS Form VS-24A (Rev. 4-85)

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF SANTA CLARA) SS
DATE ISSUED
SEP 28 1988

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

BY: Stephen A. Coray, M.D.
STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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BOOK 1088 PAGE 1845

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COPY

REQUEST BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'88 OCT 14 P3:29

SUZANNE BEAUDREAU  
RECORDER

\$ *2.00* PAID *[Signature]*

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BOOK **1088** PAGE **1846**  
**188551**