

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME CLARK
STREET ADDRESS P.O. BOX 1877
GARDNERVILLE, NV. 89410
CITY, STATE, ZIP

Order No. ACCOMMODATION Escrow No. 44497.MCAN

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of DOUGLAS

} ss.

CLIFFORD V. CLARK

, of legal age, being first duly sworn, deposes and says:
That ALICE GERTRUDE CLARK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALICE GERTRUDE CLARK named as one of the parties in that certain GRANT DEED dated MARCH 23, 1988, executed by GERALD ANDERSON AND NANCY ANDERSON / FILMORE J. McCANN AND MARTHA M. McCANN to CLIFFORD V. CLARK AND ALICE GERTRUDE CLARK, husband and wife as joint tenants, recorded as Instrument No. 175029/175025, on March 25, 1988, in book 388, page 3266/3255 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of NEVADA:

Lots 111 and 112, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

A.P.N. 29-204-04 and 29-204-03

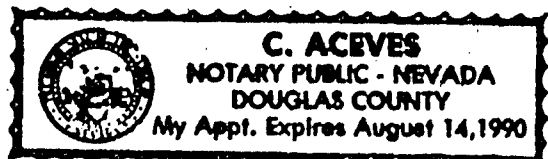
Dated January 4, 1989

Clifford V. Clark
CLIFFORD V. CLARK

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 4th day of January, 1989.

C. Aceves

Notary Public in and for said County and State



193815

(This area for official notarial seal)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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		
ALICE			GERTRUDE		CLARK		NOVEMBER 22, 1988			1240		
3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	HOURS MINUTES		
FEMALE	WHITE/ENGLISH		NO	OCTOBER 16, 1913			75 YEARS					
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER					
TEXAS			COUNCIL OATES WADE - TEXAS				ANNIE NICKENS - TEXAS					
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)						
USA	19 -- TO 19 --		-8172		MARRIED	CLIFFORD CLARK						
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS						
HOMEMAKER		58	SELF EMPLOYED			OWN HOME						
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.	19C. CITY OR TOWN					
1122 EAST SPAZIER AVE.							GLENDALE					
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP							
LOS ANGELES			CALIFORNIA		CLIFFORD VERDEN CLARK - HUSBAND							
21A. PLACE OF DEATH			21B. COUNTY		1122 EAST SPAZIER AVE.							
BURBANK COMMUNITY HOSPITAL			LOS ANGELES		GLENDALE, CA 91201							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN									
466 E. OLIVE			BURBANK									
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?			26. WAS AUTOPSY PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE. STATING THE UNDERLYING CAUSE LAST.	(A)	Cardiopulmonary Arrest				5 minutes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	NO	NO	NO	NO	
	(B)	ASCUP				years						
	(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	NO					
CHF												
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 (ENTER MO. DA. YR.)			I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			11/23/88	628057					
8/31/84			11/16/88			28E. TYPE PHYSICIAN'S NAME AND ADDRESS	BERNARD BASS, M.D. Burbank 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			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	11-28-88		FOREST LAWN MEMORIAL PARK GLENDALE 1712 S. GLENDALE AVE. GLENDALE, CA 91205			4365 Wayne Damon						
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR						
FOREST LAWN GLENDALE			656	Richard M. [Signature]		NOV 28 1988						
STATE REGISTRAR	A.	B.	C.	D.	E.	F.						
VS-11 (11-85)	7393						01-9-1-0114					

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
for Clifford Clark
89 JAN -5 A11:47

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 PURPLE INK.

NOV 29 1988

26 *Rhodes [Signature]*
Director of Health Services and Registrar

SUZANNE BEAUDREAU
RECORDER

193815

\$ 6⁰⁰ PAID *Bh* DEPUTY

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