

After Recording Send To:
Glen H. Larsen
1011 C Street
San Rafael, CA 94901
1989-72-LK

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California)
) ss.
COUNTY OF Marin)

GLENN H. LARSEN of legal age, being first
duly sworn, deposes and says:
THAT BEVERLY J. LARSEN, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as BEVERLY J. LARSON named as one of the parties
in that certain JOINT TENANCY DEED dated DECEMBER 30, 1977,
executed by WILLIAM KANE & PATRICIA L. KANE
to GLENN H. LARSEN & BEVERLY J. LARSEN
as joint tenants, recorded as Instrument No. 16677
on _____, in book 178, page 732,
of Official Records of DOUGLAS County, STATE OF NEVADA,
covering the following described property situated in the _____
County of DOUGLAS State of NEVADA:

All that certain lot, piece or parcel of land situate in the
County of Douglas, State of Nevada, described as follows:
PARCEL NO. 1 Unit No. 41, as shown on the official plat of
PINWILD, A CONDOMINIUM, filed for record in the office of
the County Recorder, Douglas County, Nevada, on June 26, 1973,
as Document No. 67150.

APN 05-211-41

THAT the said decedent, BEVERLY J. LARSEN is one of
the joint tenant grantees in that certain said JOINT TENANCY DEED
and that all interest in and to said real property is vested absolutely in
affiant, namely GLENN H. LARSEN.

Dated 9/20/89
[Signature]
GLENN H. LARSEN

SUBSCRIBED AND SWORN TO before me
this 20 day of September
1989

Signature [Signature]
Harold Collins Copeland Jr
Name (typed or printed)



THIS DOCUMENT IS RECORDED AS AN ACCOMMODATION ONLY
and without liability for the cost of such recording, or as to the validity
or sufficiency of said instrument, or for the effect of such recording
on the title of the property involved.

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
 HEALTH AND HUMAN SERVICES DEPARTMENT
 CIVIC CENTER, ROOM 280
 SAN RAFAEL, CALIFORNIA 94903
 CERTIFICATION FEE: \$4.00

BY: Tom Joaque 10/3/84
 DEPUTY REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST Beverly		1B. MIDDLE Jane		1C. LAST Larsen		2A. DATE OF DEATH (MONTH, DAY, YEAR) Sept. 30, 1984		2B. HOUR 0045		
3. SEX Female	4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH Aug. 30, 1942		7. AGE 42 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Colorado			9. NAME AND BIRTHPLACE OF FATHER John Guess Iowa			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Marcella Getsinger-Io				
11. CITIZEN OF WHAT COUNTRY U.S.A.			12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Glenn Larsen			
15. PRIMARY OCCUPATION Secretary			16. NUMBER OF YEARS THIS OCCUPATION 24	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Pacific Coast Prop.		18. KIND OF INDUSTRY OR BUSINESS Real Estate				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 181 Avenida Miraflores					19B.	19C. CITY OR TOWN Tiburon				
19D. COUNTY Marin			19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. Glenn Larsen (husband) 181 Avenida Miraflores Tiburon, Calif. 94920					
21A. PLACE OF DEATH Kaiser Permanente Hospital			21B. COUNTY Marin							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 99 Montecillo Road			21D. CITY OR TOWN San Rafael							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C) IMMEDIATE CAUSE										
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	(A) LIVER METASTASES		DUE TO, OR AS A CONSEQUENCE OF		2 mo		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? YES		
	(B) BREAST CANCER, DISSEMINATED		DUE TO, OR AS A CONSEQUENCE OF		4 yr			25. WAS BIOPSY PERFORMED? YES		
	(C)							26. WAS AUTOPSY PERFORMED? NO		
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: MASVECTOMY DATE: 6/80				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER NO. DA/YR.) 5/16/80			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>David Lakes</i>			28C. DATE SIGNED 10/1/84		28D. PHYSICIAN'S LICENSE NUMBER G22953		
28E. TYPE PHYSICIAN'S NAME AND ADDRESS David Lakes, M.D., 99 Montecillo Rd., San Rafael,			29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
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 Cremation		37. DATE—MONTH, DAY, YEAR Oct. 2, 1984		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Valley Memorial Pk., Novato, Ca.			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Keaton's Mortuary			40B. LICENSE NO. #6	41. LOCAL REGISTRAR—SIGNATURE <i>Thomas D. Statham</i>			42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 1 1984			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

SEAL

REQUESTED BY
FIRST NEVADA TITLE COMPANY,
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

'89 OCT 12 P3:53

SUZANNE BLANDREAU
 RECORDED
212870
 \$6.00 PAID *PK* DEPUTY
 BOOK **1089** PAGE **1388**