

RECORDING REQUESTED BY

And

AND WHEN RECORDED MAIL TO

Name

Virginia A. Dunlap

Street Address

632 Everett Dr.

City & State

Danville, Ca. 94526

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF CALIFORNIA

ss.

County of ... Contra Costa

I, Virginia A. Dunlap, of legal age, being first duly sworn, deposes and says:
 That Emil Arthur Storz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Emil A. Storz named as one of the parties in that certain Grant Deed dated 2-2-83 executed by Emil A. Storz to Emil A. Storz and Virginia A. Dunlap, as joint tenants, recorded as Instrument No. 076999, on March 8, 1983, in book 383, page 915, of Official Records of Douglas County, Nevada, covering the following described property situated in the unincorporated area of Zephyr Cove, County of Douglas, State of Nevada.

Lot 60 as shown on the map of LAKERIDGE ESTATES No 2., filed in the office of the County Recorder of Douglas County, Nevada on July 13, 1957:

A.P.N. 3-171-03-0

Virginia A. Dunlap, Trustee
 Virginia A. Dunlap

I declare under penalty of perjury, that the foregoing statement is true and correct.

..... Virginia A. Dunlap
 Print Name

Virginia A. Dunlap, Trustee
 Sign Name

Dated ... December 30, 1989

SUBSCRIBED AND SWORN TO before me this

... 30th ... day of December ..., 1989 ...

Signature *Linda Stepanovich* ...
 Notary Public



(Notarial Seal)

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

Cowdery's Form No. 57 - AFFIDAVIT - Death of Joint Tenant - (Rev. 2/88)

BOOK 190 PAGE 3217

218634

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38907001261

STATE FILE NUMBER

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|--|---------------------------------------|------------------------------------|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) EMIL | | 1B. MIDDLE ARTHUR | | 1C. LAST (FAMILY) STORZ | | 2A. DATE OF DEATH—MONTH, DAY, YEAR MARCH 3, 1989 | | 2B. YEARS 2353 | | 3. SEX MALE | |
| 4. RACE Wh/American | | 5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 6. DATE OF BIRTH—MONTH, DAY, YEAR MAY 25, 1898 | | 7. AGE IN YEARS 90 | | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HOURS HOURS MINUTES | |
| DECEDENT PERSONAL DATA | 8. STATE OF BIRTH NEB | 9. CITIZEN OF WHAT COUNTRY USA | | 10A. FULL NAME OF FATHER Charles Storz | | 10B. STATE OF BIRTH Germ. | 11A. FULL MAIDEN NAME OF MOTHER Wilhelmina Esswein | | 11B. STATE OF BIRTH Germany | | |
| 12. MILITARY SERVICE? 1917 TO 1918 <input type="checkbox"/> NONE | | 13. SOCIAL SECURITY NUMBER [REDACTED] 2004 | | 14. MARITAL STATUS WIDOW | | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) | | | | | |
| 16A. USUAL OCCUPATION Accountant | | 16B. USUAL KIND OF BUSINESS OR INDUSTRY Plumbing | | 16C. USUAL EMPLOYER Amer. Standard | | 16D. YEARS IN USUAL OCCUPATION 40 | | 17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17) 12 | | | |
| USUAL RESIDENCE | | 18A. RESIDENCE—STREET AND NUMBER OR LOCATION 3789 MOSSWOOD DR. | | | | 18B. CITY LAFAYETTE | | 18C. ZIP CODE 94549 | | | |
| 18D. COUNTY CONTRA COSTA | | 18E. NUMBER OF YEARS IN THIS COUNTY 42 | | 18F. STATE OR FOREIGN COUNTRY CA | | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Adele Sadler (daughter) 2 Burr Ct. Lafayette, CA 94549 | | | | | |
| PLACE OF DEATH | | 19A. PLACE OF DEATH VA MEDICAL CENTER | | 19B. IF HOSPITAL, SPECIFY CHAS. NO., ED/OP, DC, I IP | | 19C. COUNTY CONTRA COSTA | | 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT (A) cardio-pulmonary arrest | | | |
| 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 150 MUIR ROAD | | 19E. CITY MARTINEZ | | 22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER | | 23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| CAUSE OF DEATH | | DUE TO (B) urosepsis | | DUE TO (C) severe malnutrition | | 25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? MONTH, DAY, YEAR | | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? MONTH, DAY, YEAR | | | |
| 28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 dementia | | 29. SIGNATURE AND OFFICE OR TITLE OF PHYSICIAN James E. Muto, M.D. | | 27C. PHYSICIAN'S LICENSE NUMBER 3069674 | | 27D. DATE SIGNED 3/6/89 | | 27A. COUNTY ATTENDING PHYSICIAN'S LAST SIGNATURE MONTH, DAY, YEAR VA 1-26-89 | | | |
| PHYSICIAN'S CERTIFICATION | | 27B. SIGNATURE AND OFFICE OR TITLE OF PHYSICIAN James E. Muto, M.D. | | 27C. PHYSICIAN'S LICENSE NUMBER 3069674 | | 27D. DATE SIGNED 3/6/89 | | 27A. COUNTY ATTENDING PHYSICIAN'S LAST SIGNATURE MONTH, DAY, YEAR VA 3-3-89 | | | |
| CORONER'S USE ONLY | | I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 28A. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature] | | 28B. DATE SIGNED | | 29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined | | | |
| 30A. PLACE OF INJURY | | 30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | 30C. DATE OF INJURY MONTH, DAY, YEAR | | 30D. HOUR | | 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | | | |
| 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | | 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | | | 34A. DISPOSITION Burial | | | |
| 34B. PLACE OF FINAL DISPOSITION Oakmont Mem. Pk., 2099 Relief Val. Rd., Lafayette | | 34C. DATE OF DISPOSITION MONTH, DAY, YEAR Mar 8, 1989 | | 35A. SIGNATURE OF EMBALMER Not embalmed | | 35B. LICENSE NUMBER | | 36. REGISTRATION DATE MAR 7 1989 | | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | | 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Oakmont Memorial Park | | 36B. LICENSE NO. F875 | | 37. SIGNATURE OF LOCAL REGISTRAR Delandee Brunner M.D. | | 38. REGISTRATION DATE MAR 7 1989 | | | |
| STATE REGISTRAR | | A. | | B. | | C. | | D. BOOK 190 | | E. PAGE 3218 | |
| STATE REGISTRAR | | F. | | G. | | H. | | I. CENSUS TRACT 3500.00 | | J. | |

I HEREBY CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THE VITAL STATISTICS RECORD
ON FILE IN THIS OFFICE.

SEAL JAN 09 1990

STEPHEN L. WEIR, COUNTY RECORDER
CONTRA COSTA COUNTY, CALIFORNIA

BY *[Signature]*
BOOK 1220 PD DEPUTY PAGE 873

REQUESTED BY
Virginia A Dunlap
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 JAN 22 P2:24

218634

SUZANNE BEAUDREAU
RECORDER

\$ 7⁰⁰ PAID K12 DEPUTY

BOOK **190** PAGE **3219**