

RECORDING REQUESTED BY

WESTERN TITLE COMPANY, INC.  
P. O. BOX 385  
MINDEN, NEVADA 89423

AND WHEN RECORDED MAIL TO

NAME Mr. Robert E. Lucas  
STREET ADDRESS 3424 Astoria Court  
CITY, STATE, ZIP Fairfield, CA 94533

Order No. M47480JC Escrow No. ....

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death of Joint Tenant

STATE OF CALIFORNIA }  
County of SOLANO } ss.

That Robert E. Lucas, of legal age, being first duly sworn, deposes and says:  
Mary Louise Lucas, the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as Mary Louise Lucas March 17, 1981,  
named as one of the parties in that certain Grant, Bargain, Sale dated  
executed by Charles J. Hull and Ethel L. Hull, husband and wife Deed  
to Robert E. Lucas and Mary Louise Lucas, husband and wife  
as joint tenants, recorded as Instrument No. 59070, on August 10, 1981, in  
book 881, page 585, of Official Records of Douglas  
County, Nevada covering the following described property situated in the  
County of Douglas, State of Nevada

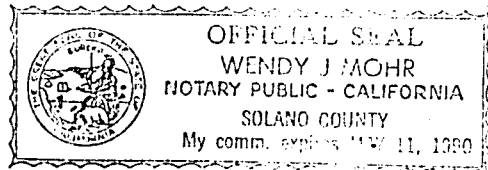
Lot 75 of RIDGEVIEW ESTATES, according to the map thereof, filed in the  
office of the County Recorder of Douglas County, State of Nevada, on  
December 27, 1972, Official Records

APN 13-132-06

Dated 2-27-90

*Robert E. Lucas*  
ROBERT E. LUCAS

SUBSCRIBED AND SWORN TO before me, the  
undersigned, a Notary Public in and for said County  
and State, this 27th day  
of February, 1990



*Wendy J. Mohr*  
Notary Public in and for said County and State

223945

BOOK 490 PAGE 1932  
(This area for official notarial seal)

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <u>Mary Louise LUCAS</u>		2. <u>November 10, 1989</u>	3a. <u>Douglas</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate OOA, OP/Emr or Rm. Inpatient (Specify)
3b. <u>Carson City</u>		3c. <u>912 Garnet Court</u>	3e. <u>Female</u>
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. <u>White</u>		6. <input type="checkbox"/> <input checked="" type="checkbox"/>	7a. <u>80</u>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. <u>Kansas</u>		9b. <u>USA</u>	10. <u>12</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. <u>██████████-1364</u>		14a. <u>Homemaker</u>	11. <u>Married</u>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. <u>Nevada</u>		15b. <u>Douglas</u>	15c. <u>Carson City</u>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	DATE OF BIRTH (Mo., Day, Yr.)
16. <u>Charles Townsend</u>		17. <u>Grace Eicholtz</u>	8. <u>February 28, 1909</u>
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)	KIND OF BUSINESS OR INDUSTRY
18a. <u>Robert E. Lucas</u>		18b. <u>912 Garnet, Carson City, Nevada 89705</u>	14b. <u>Own Home</u>
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <u>Removal-Burial</u>		19b. <u>Happy Homestead Cemetery</u>	19c. <u>South Lake Tahoe, Calif.</u>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <u>Will Wetzler</u>		20b. <u>21</u>	20c. <u>Walton's Chapel of the Valley</u>
20a. <u>1281 N. Roop St., Carson City, Nv. 89706</u>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
(Signature and Title) <u>Will Wetzler</u>		(Signature and Title) <u>Howard Matts</u>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <u>11-11-89</u>		22b. <u>11-11-89</u>	
HOUR OF DEATH		HOUR OF DEATH	
21c. <u>1515</u>		22c. <u>1515</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <u>Howard Matts, Dep. Coroner P.O. Box 218, Minden, Nv. 89423</u>		22d. <u>ON 11-10-89</u>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. <u>Howard Matts, Dep. Coroner P.O. Box 218, Minden, Nv. 89423</u>		22e. <u>AT 1515</u>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <u>Val R. Kuchera, Dep</u>		24b. <u>November 13 1989</u>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) <u>Carcinoma of both lungs</u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. <u>Yes</u>		27. <u>Yes</u>	
WAS CASE REFERRED TO CORONER (Specify Yes or No)			
27. <u>Yes</u>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
28a. <u>28b.</u>		28b. <u>28c.</u>	28c. <u>M 28d.</u>
28a. <u>28d.</u>		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
28e. <u>28f.</u>		28f. <u>28g.</u>	28g. <u>28h.</u>
28e. <u>28h.</u>		STREET OR R.F.D. NO. CITY OR TOWN STATE	
28e. <u>28i.</u>		28i. <u>28j.</u>	
28e. <u>28j.</u>		28j. <u>28k.</u>	
28e. <u>28k.</u>		28k. <u>28l.</u>	
28e. <u>28l.</u>		28l. <u>28m.</u>	
28e. <u>28m.</u>		28m. <u>28n.</u>	
28e. <u>28n.</u>		28n. <u>28o.</u>	
28e. <u>28o.</u>		28o. <u>28p.</u>	
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28e. <u>28q.</u>		28q. <u>28r.</u>	
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