

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Richard Gimblin
P.O. Box 105
MARIPOSA, CA 95338

RICHARD L. STERNBERG
5353 Boyer Rd.
Mariposa, CA 95338

Order No. _____

Escrow No. _____

Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of _____ ss.
MARIPOSA

RICHARD LOUIS STERNBERG, of legal age, being first duly sworn, deposes and says:
That LESTER LOUIS STERNBERG, Sr., the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as LESTER LOUIS STERNBERG
named as one of the parties in that certain Deed dated October 25, 1988,
executed by LESTER LOUIS STERNBERG
to RICHARD LOUIS STERNBERG and LESTER LOUIS STERNBERG
as joint tenants, recorded as Instrument No. 189348 on October 25, 1988
Book 1088, Page 3337 of Official Records of Douglas County, ~~XXXXXX~~ Nevada
covering the following described property situated in the County of Douglas, State of ~~XXXXXX~~ Nevada

Recorded as Grant, Bargain, and Sale Deed, dated August 24, 1976, as Instrument
No. 03548, being recorded September 27, 1976, in Book 976, Page 1424, of Official
Records of Douglas County, State of Nevada.

Certain Lot No. 11, in Block H, Unit 4 of land situate in the Topaz Ranch Estates-
Subdivision Unit No. 4, County of Douglas, Recorded in Official Records, Book No.
976, Page No. 1424, State of Nevada

APN: 37-443-11

Dated: June 6, 1990

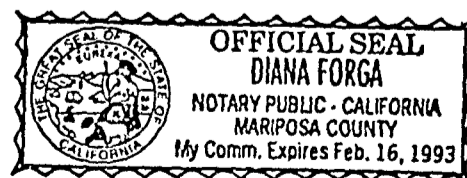
Richard Louis Sternberg
RICHARD LOUIS STERNBERG

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

this 6th day of June, 1990
WITNESS my hand and official seal.

Signature Diana Forga

DIANA FORGA
Name (Typed or Printed)



(This area for official notarial seal)

230764

BOOK 790 PAGE 3197

Form 1150 (12-64)

SEAL

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-90-22-0000-23

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) Lester	1B. MIDDLE Louis	1C. LAST (FAMILY) Sternberg, Sr.	2A. DATE OF DEATH— MONTH, DAY, YEAR Apr. 26 1990	2B. HOUR 15	3. SEX M	
	4. RACE White	5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPECIFY	6. DATE OF BIRTH— MONTH, DAY, YEAR March 26, 1904	7. AGE IN YEARS 86	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
	8. STATE OF BIRTH MN	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Louis Philip Sternberg	10B. STATE OF BIRTH IL	11A. FULL MAIDEN NAME OF MOTHER Pearl Doty	11B. STATE OF BIRTH IA	
	12. MILITARY SERVICE? 19 — TO 19 — <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NUMBER 5773	14. MARITAL STATUS Divorced	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) ---			
USUAL RESIDENCE	18A. USUAL OCCUPATION Merchant Mariner	18B. USUAL KIND OF BUSINESS OR INDUSTRY Merchant Marine	18C. USUAL EMPLOYER Marines U.S. Merchant	18D. YEARS IN USUAL OCCUPATION 42	17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17+) 8		
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 5353 Boyer Road	18B. CITY Mariposa	18C. ZIP CODE 95338	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Richard L. Sternberg - son 5353 Boyer Road Mariposa, CA 95338			
PLACE OF DEATH	19A. PLACE OF DEATH John C. Fremont Hosp. 1P	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY Mariposa	22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5789 Hospital St.	19E. CITY Mariposa	TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIRTH REGISTRARED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A SECOND CAUSE OR PERTINENT IMMEDIATE CAUSE) (A) Overwhelming sepsis 24 hr.			24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (B) Pneumonia 22 hr.			24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (C)			24C. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PHYSICIAN'S CERTIFICATION	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Parkinsonism		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? NO		TYPE		
	27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN [Signature]	27C. PHYSICIAN'S LICENSE NUMBER 652457	27D. DATE SIGNED Apr 26 1990				
	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR Dec 9 1989	27A. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR Apr 25 1990	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert J. Rose, MD P.O. Box 155, Mariposa, CA				
CORONER'S USE ONLY	28. 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 checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR	
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION BU	34B. PLACE OF FINAL DISPOSITION Patterson, CA Patterson District Cem.	34C. DATE OF DISPOSITION MONTH, DAY, YEAR 4-30-90	35A. SIGNATURE OF EMBALMER William B. Hansen	35B. LICENSE NUMBER 7776		
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Franklin & Downs Funeral Home		36B. LICENSE NO. 1259	37. SIGNATURE OF LOCAL REGISTRAR [Signature]		38. REGISTRATION DATE APR 27 1990	
STATE REGISTRAR	A.	B.	C.	D.	E.	F. CENSUS TRACT	

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

SEAC

I hereby certify that the foregoing or attached is a true copy of the record on file or of record in the office of the county recorder, county of Mariposa, State of California.

Dated May 3 1990
By Linda Jacobs
Deputy Recorder

REQUESTED BY
Richard S. Gindler
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

90 JUL 23 P3:33
SUZANNE BEAUDREAU
RECORDER
6.00 PM PK DEPUTY

230764
BOOK 790 PAGE 3198