

WHEN RECORDED, MAIL TO:
Thomas E. Smail, Jr., Esq.
3636 Fair Oaks Blvd.
Sacramento, CA 95864-7204

AFFIDAVIT BY SURVIVING JOINT TENANT

APN 05-171-07

STATE OF CALIFORNIA)
) ss.
County of Sacramento)

JANE J. BOBO, being first duly sworn, deposes and says:

Affiant was the wife of CLAUDE G. BOBO, a joint grantee in a deed dated February 17, 1964, wherein J. J. GILMORE and THERESE GILMORE, husband and wife, were grantors, and CLAUDE G. BOBO and JANE J. BOBO, husband and wife, as joint tenants with right of survivorship, were grantees, conveying real property situate in Douglas County, Nevada, described as follows:

Lot 1, Block E, as shown on the map of ZEPHYR HEIGHTS NO. 5 SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on June 7, 1955.

Such deed was recorded as Document No. 24474, in Book 22, Page 371, Official Records, Douglas County, Nevada.

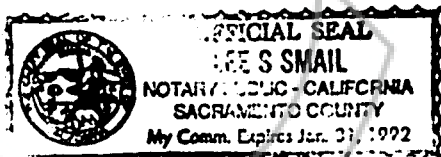
CLAUDE G. BOBO died in Sacramento, Sacramento County, California, on June 15, 1990, and is the identical person named as CLAUDE GRUNDY BOBO in Certified Copy of Certificate of Death attached hereto, marked Exhibit "A", and by this reference made a part hereof.

Dated: May 9, 1991.

Jane J. Bobo
Jane J. Bobo

SUBSCRIBED AND SWORN to before me
this 9th day of May, 1991.

Thomas E. Smail, Jr.
Notary Public



WCD\7752000\JTAFF.WCD

✓ P.O. Box 3237 Reno, NV 89505
Hale, Lane, Peek, Dennison and Howard
Attorneys and Counsellors at Law
Reno, Nevada
(702) 786-7900

250871

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CERTIFICATE OF DEATH 30034

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) CLAUDE		1B. MIDDLE GRUNDY	1C. LAST (FAMILY) BOBO		2A. DATE OF DEATH—MO. DAY, YR. June 15, 1990
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. June 2, 1916		7. AGE IN YEARS 74
8. STATE OF BIRTH TX	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER William Bobo		10B. STATE OF BIRTH TX	11A. FULL MAIDEN NAME OF MOTHER Carrie Odem
12. MILITARY SERVICE? 19__ To 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. ██████-1751	14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jane J. Slezin
16A. USUAL OCCUPATION President		16B. USUAL KIND OF BUSINESS OR INDUSTRY Sheet Metal	16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 48
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1182 - 58th Ave.			18B. CITY Sacramento	18C. ZIP CODE 95831	
18D. COUNTY Sacramento		18E. NUMBER OF YEARS IN THIS COUNTY 53	18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Jane J. Bobo (Wife)
19A. PLACE OF DEATH Sutter General Hosp.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY Sacramento		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 28th & L St.
19E. CITY Sacramento		19F. STATE OR FOREIGN COUNTRY California	19G. ZIP CODE 95831		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Acute Myocardial Infarction		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (B) Arteriosclerotic Ht Disease	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (C)	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Central Vascular Insufficiency		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. A-C Bypass 1979		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN William R Vetter M.D.		27C. PHYSICIAN'S LICENSE NUMBER 6-11183	27D. DATE SIGNED 6/15/90
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 8/5/75		DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 7/22/88		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Dr. William Vetter, 7601 Timberlake Way, Sacramento, Ca.	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]			28B. DATE SIGNED [Date]
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)			
30E. TIME		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION(S) BU	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS South East Lawn Cemetery Sacramento, Ca.		34C. DATE MO. DAY, YEAR 06/18/90	35A. SIGNATURE OF EMBALMER [Signature]	35B. LICENSE NUMBER 5059
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Harry A. Nauman & Son		36B. LICENSE NO. FD-366	37. SIGNATURE OF LOCAL REGISTRAR Bette Henderson, M.D.		38. REGISTRATION DATE JUN 15 1990
STATE REGISTRAR	A.	B.	C.	D.	E.
STATE REGISTRAR	F.	CENSUS TRACT			

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA. **SEALED**

Bette Henderson, M.D.
Bonnie York

REGISTRAR

DEPUTY '91 MAY 16 P3:20

DATE:

JUN 18 1990

EXHIBIT "A"

REQUESTED BY
Hale, Lane et al
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

SUZANNE DEBORDREAU
RECORDER

250871

\$6.00 PAID KA DEPUTY

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