

RECORDING REQUESTED BY:

David W. Sternberg, Esq.

AND WHEN RECORDED MAIL TO:

David W. Sternberg, Esq.
520 S. El Camino Real, Suite 814
San Mateo, CA 94402

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

EDITH E. WOLD, of legal age, being first duly sworn, deposes and says:

That THOMAS M. WOLD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THOMAS M. WOLD named as one of the parties in that certain Grant Deed dated November 25, 1970 executed by JAMES C. ROBERTS and DONNA LEE ROBERTS, his wife, to THOMAS M. WOLD and EDITH E. WOLD, his wife, as joint tenants, recorded as Instrument No. 50711, on December 29, 1970, in Book 82, Page 334, of Official Records of Douglas County, Nevada, covering the described property in Exhibit "A" attached hereto, situated in the County of Douglas, State of Nevada. APN: 27-140-03

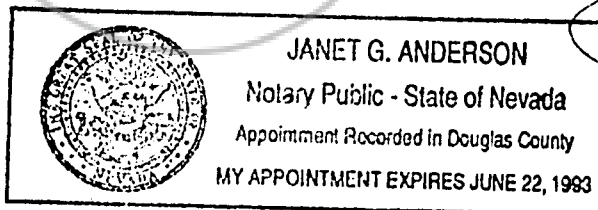
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct, and that this affidavit was executed on ~~March~~ ^{April} 2, 1990 at Minden, Nevada.

Edith E. Wold
EDITH E. WOLD

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On this 2nd day of ~~March~~ ^{April}, 1990, before me a Notary Public, State of Nevada, duly commissioned and sworn, personally appeared EDITH E. WOLD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Douglas on the date set forth above in this certificate.



Janet G. Anderson
Notary Public
My Commission Expires: JUNE 22 1990

264053

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4100

84701314

STATE FILE NUMBER										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER																													
1A. NAME OF DECEDENT—FIRST Thomas					1B. MIDDLE MEFFERT					1C. LAST Wold					2A. DATE OF DEATH (MONTH, DAY, YEAR) April 12, 1984					2B. HOUR 1913																			
3. SEX male			4. RACE/ETHNICITY white			5. SPANISH/Hispanic NO XX			6. DATE OF BIRTH MAY 15, 1915					7. AGE 68 YEARS			IF UNDER 1 YEAR MONTHS			IF UNDER 24 HOURS HOURS			IF UNDER 24 HOURS MINUTES																
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) SEATTLE, WASH.					9. NAME AND BIRTHPLACE OF FATHER ANDREW L. WOLD, WASHINGTON										10. BIRTH NAME AND BIRTHPLACE OF MOTHER ELSIE MEGGS, WISCONSIN																								
11. CITIZEN OF WHAT COUNTRY U.S.A.					12. SOCIAL SECURITY NUMBER [REDACTED] 4884					13. MARITAL STATUS MARRIED					14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) EDITH E. WATSON																								
15. PRIMARY OCCUPATION PILOT					16. NUMBER OF YEARS THIS OCCUPATION 35			17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) PAN AMERICAN AIRWAYS							18. KIND OF INDUSTRY OR BUSINESS AIR TRAVEL																								
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 990 TILLMAN LANE										19B. N/R					19C. CITY OR TOWN GARDNERVILLE																								
19D. COUNTY DOUGLAS					19E. STATE NEVADA					20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP SPOUSE SAME AS 19A - 89410																													
21A. PLACE OF DEATH H D Chope Hospital					21B. COUNTY San Mateo					21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 222 West 30th Ave										21D. CITY OR TOWN San Mateo																			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE										24. WAS DEATH REPORTED TO CORONER? yes										25. WAS BIOPSY PERFORMED? no										26. WAS AUTOPSY PERFORMED? yes									
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST										(A) Recent Myocardial Infarction, Posterior DUE TO, OR AS A CONSEQUENCE OF										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																			
										(B) Coronary Insufficiency DUE TO, OR AS A CONSEQUENCE OF																													
										(C) Coronary Atherosclerosis, Severe DUE TO, OR AS A CONSEQUENCE OF																													
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Arteriosclerotic Heart Disease; Cor Bovinum										27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No																													
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE					28C. DATE SIGNED					28D. PHYSICIAN'S LICENSE NUMBER																								
I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.)					I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.)					28E. TYPE PHYSICIAN'S NAME AND ADDRESS																													
29. SPECIFY ACCIDENT, SUICIDE, ETC.					30. PLACE OF INJURY					31. INJURY AT WORK					32A. DATE OF INJURY—MONTH, DAY, YEAR					32B. HOUR																			
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 <i>[Signature]</i>					35C. DATE SIGNED 4/16/84					35D. CORONER'S LICENSE NUMBER AND SIGNATURE Coroner																			
36. DISPOSITION CREMATION			37. DATE—MONTH, DAY, YEAR APR. 13, 1984			38. NAME AND ADDRESS OF CEMETERY OR CREMATORY SKYLAWN MEMORIAL PARK, SAN MATEO, CA					39. EMBALMER'S LICENSE NUMBER AND SIGNATURE NOT EMBALMED																												
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) WHITE OAKS CHAPEL, SAN CARLOS					40B. LICENSE NO. 187					41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>					42. DATE ACCEPTED BY LOCAL REGISTRAR 4-13-84 / 4-18-84																								
STATE	A.	B.	C.	D.	E.	F.																																	

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

SEAL

Bradley P. Gilbert M.D.

264053

Bradley P. Gilbert M.D.
HEALTH OFFICER AND REGISTRAR

BOOK **1191** PAGE **033**

DATE: January 3, 1990

EXHIBIT "A"

That portion of the SE 1/4 of the SW 1/4 of Section 9, Township 12 North, Range 20 East, M.D.B.&M., that is described as follows:

PARCEL 1:

Commencing at the South 1/4 corner of said Section 9, thence North 89°58'30" West a distance of 362.19 feet to the true point of beginning; thence continuing South 89°58'30" West a distance of 440.77 feet; thence North 40°16' East a distance of 96.10 feet; thence North 47°14' East a distance of 294.30 feet; thence North 52°33' East a distance of 25.66 feet; thence South 89°58'30" East a distance of 146.00 feet; thence South 0°45' West a distance of 289.00 feet to the point of beginning.

PARCEL 2:

Beginning at the South 1/4 corner of said Section 9; thence North 89°58'30" West a distance of 362.19 feet; thence North 0°45' East a distance of 240.54 feet; thence South 89°58'30" East a distance of 362.19 feet; thence South 0°45' West a distance of 240.54 feet to the point of beginning.

APN: 27-140-03

REQUESTED BY
David Sternberg
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

91 NOV -1 AIO:38

SUZANNE BLAUGREAU
RECORDER

264053

\$7⁰⁰ PAID KS DEPUTY
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