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RECORDING REQUESTED BY AND WHEN  
RECORDED MAIL TO:

✓ Jerome F. Politzer Jr.  
Noland, Hamerly, Etienne & Hoss  
P.O. Box 1818  
Salinas, California 93902

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA        )  
                                  ) ss.  
COUNTY OF MONTEREY        )

Cheryl L. Ward, of legal age, being first duly sworn,  
deposes and says:

THAT James Lee Ward, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James L. Ward named as one of the parties in that certain Grant, Bargain, Sale Deed, dated March 29, 1985, executed by Jacob Pfenninger and Jeannette Pfenninger, husband and wife, as joint tenants, to James L. Ward and Cheryl L. Ward, husband and wife, as joint tenants, recorded as Instrument No. 116276 on April 19, 1985, in Book 485, Page 1653 of the Official Records of Douglas County, Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 33, of Lake Village, Unit No. 2-A, as shown on the Official Map filed in the office of the County Recorder of Douglas County, Nevada, on August 9, 1972, as Document No. 61076.

Assessor's Parcel #07-072-33-3

That the said Decedent, James Lee Ward, is one of the joint tenant grantees in that certain said Grant, Bargain, Sale Deed,

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and that all interest in and to said real property is vested absolutely in affiant, namely, Cheryl L. Ward.

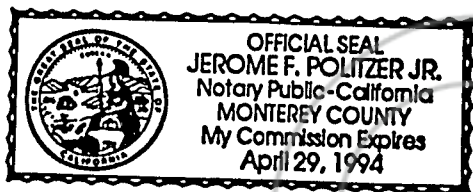
Date: October 25, 1991

Cheryl L. Ward  
Cheryl L. Ward

SUBSCRIBED AND SWORN TO  
before me this 25 day  
of October 1991.

Jerome F. Politzer  
(signature)

Jerome F. Politzer  
(Name - typed or printed)



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BOOK1191 PAGE1193

AMENDMENT

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

3 91 27 001084

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JAMES</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>WARD</b>	2A. DATE OF DEATH—MO, DAY, YR <b>June 14, 1991</b>		2B. HOUR <b>0353</b>	3. SEX <b>Male</b>
4. RACE <b>White</b>	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO, DAY, YR <b>November 10, 1939</b>	7. AGE IN YEARS <b>51</b>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____	
8. STATE OF BIRTH <b>AR</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>James H. Ward</b>	10B. STATE OF BIRTH <b>OK</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Elva E. Moore</b>		11B. STATE OF BIRTH <b>AR</b>
12. MILITARY SERVICE? <b>19 ___ TO 19 ___ <input type="checkbox"/> NONE</b>	13. SOCIAL SECURITY NO. <b>0696</b>	14. MARITAL STATUS <b>Married</b>	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Cheryl Monteiro</b>			
16A. USUAL OCCUPATION <b>Plant Manager</b>	16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	16C. USUAL EMPLOYER <b>Tanimura &amp; Antle</b>	16D. YEARS IN OCCUPATION <b>9</b>	17. EDUCATION—YEARS COMPLETED <b>13</b>		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>11815 Foxwood Lane</b>	18B. CITY <b>Salinas</b>	18C. ZIP CODE <b>93907</b>	18D. COUNTY <b>Monterey</b>	18E. NUMBER OF YEARS IN THIS COUNTY <b>31</b>	18F. STATE OR FOREIGN COUNTRY <b>CA</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Cheryl Ward-Wife 11815 Foxwood Lane Salinas, CA 93907</b>
19A. PLACE OF DEATH <b>Salinas Valley Memorial Hospital</b>	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DDA <b>ER/OP</b>	19C. COUNTY <b>Monterey</b>	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>450 E. Romie Lane</b>	19E. CITY <b>Salinas</b>	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>91-190</b> <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Pending</b>	DUE TO (B) <b>AMENDED</b>	DUE TO (C) <b>1 OF 2</b>	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.			
PHYSICIAN'S CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED		
CORONER'S USE ONLY I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>Pending Investigation</b>	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input 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(S) <b>Burial</b>	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Queen of Heaven Cemetery Salinas, CA</b>	34C. DATE MO, DAY, YEAR <b>6-18-91</b>	35A. SIGNATURE OF EMBALMER <i>[Signature]</i>	35B. LICENSE NUMBER <b>7118</b>		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Healey Mortuary Inc.</b>	36B. LICENSE NO. <b>FD 973</b>	37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	38. REGISTRATION DATE <b>JUN 17 1991</b>			
STATE REGISTRAR A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

OFFICE OF THE RECORDER

COUNTY OF MONTEREY

This is to certify that, if bearing the seal of the County Recorder of Monterey County, California, this is a true copy of the document filed or recorded in this office.

SEP 13 1991



SEAD

ERNEST A. MAGGINI RECORDER  
*[Signature]* DEPUTY

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BOOK 1191 PAGE 1194

**AMENDMENT OF MEDICAL AND HEALTH SECTION DATA  
DEATH**

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUT, OR OTHER ALTERATIONS

**3 91 27 001084-A**  
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

<small>STATE FILE NUMBER</small>				
<b>IDENTIFICATION OF THE RECORD</b>	1A NAME—FIRST (GIVEN) <b>JAMES</b>	1B MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>WARD</b>	2 SEX <b>M</b>
	3 DATE OF EVENT—MONTH, DAY, YEAR <b>Jun 14, 1991</b>	4A. CITY OF OCCURRENCE <b>SALINAS</b>	4B COUNTY OF OCCURRENCE <b>MONTEREY</b>	
	<b>INCORRECT INFORMATION ON ORIGINAL CERTIFICATE</b>			
<b>INCORRECT INFORMATION ON ORIGINAL CERTIFICATE</b>	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	IMMEDIATE CAUSE (A) <b>PENDING</b>			23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (B)	<b>2 OF 2</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 25? IF YES, LIST TYPE OF OPERATION AND 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	31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
<b>INFORMATION AS IT SHOULD BE STATED</b>				
<b>INFORMATION AS IT SHOULD BE STATED</b>	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	IMMEDIATE CAUSE (A) <b>GUNSHOT WOUND TO BACK</b>			23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (B)			24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 25? IF YES, LIST TYPE OF OPERATION AND DATE	
29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED <b>HOMICIDE</b>	30A. PLACE OF INJURY <b>RESIDENCE</b>	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY—MONTH, DAY, YEAR <b>06-14-91</b>	31. HOUR <b>0300</b>
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) <b>11815 FOXWOOD LANE, SALINAS</b>	33. <b>SHOT BY SUSPECTS DURING ROBBERY - BURGLARY - HANDGUN/SHOTGUN</b>			
<b>DECLARATION OF CERTIFYING PHYSICIAN OR CORONER</b>	6. HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	7A. SIGNATURE OF CERTIFIER <i>Norman G. Hicks</i>	7B. DATE SIGNED <b>6-28-91</b>		
	8A. NAME OF CERTIFIER (PRINT OR TYPE) <b>NORMAN G. HICKS,</b>	8B. DEGREE OR TITLE <b>SHERIFF-CORONER</b>		
<b>STATE/LOCAL REGISTRAR USE ONLY</b>	9A. OFFICE OF STATE REGISTRAR (SIGNATURE OF LOCAL REGISTRAR) <i>Robert J. Melton</i>		9B. DATE ACCEPTED FOR REGISTRATION <b>JUL 3 - 1991</b>	
	STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR			



**SEAL**

REQUESTED BY  
*Noland, Hamerly et al*  
IN OFFICIAL RECORDS OF  
OCULUS COLLEGE, NEVADA

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SUZANNE BLAUBREAU  
RECORDER **264536**  
\$8.00 PAID *Ke* DEPUTY  
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