

7- ✓ TIMOTHY G. CLEARY - ATTORNEY AT LAW  
331 SOQUEL AVE STE 208  
SANTA CRUZ CA 95062-2323

ASSESSOR'S IDENTIFICATION NUMBER: Map Book: \_\_\_\_\_ Page: \_\_\_\_\_ Parcel: 11-191-13

RECORDING REQUESTED BY  
PHYLLIS M. NETHERCOTT

SPACE BELOW FOR USE OF RECORDER ONLY

AND WHEN RECORDED MAIL TO:

Name: PHYLLIS M. NETHERCOTT  
Address: 621 CATHEDRAL DRIVE  
City & State: APTOS, CA 95003

MAIL TAX STATEMENT TO:

Name: ~~PHYLLIS M. NETHERCOTT~~  
Address: ~~621 CATHEDRAL DRIVE~~  
City & State: ~~APTOS, CA 95003~~

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF CALIFORNIA, )  
County of SANTA CRUZ )

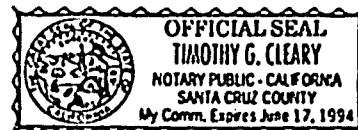
The undersigned being of legal age and duly sworn deposes and states that:  
the decedent, KEITH NEWELL NETHERCOTT, mentioned in the attached certified copy of the Certificate of  
Death is the same person named as one of the parties in the <sup>SHORT FORM</sup> DEED OF TRUST dated 2-20-81, executed by  
R. JAY BRONSON AND RITA JEAN BRONSON

to KEITH N. NETHERCOTT AND PHYLLIS M. NETHERCOTT, HUSBAND AND WIFE,  
as joint tenants, recorded as Instrument No. 53953, on 3-2-81 in book 381 page 057,  
of Official Records of DOUGLAS County, <sup>NEVADA</sup> ~~California~~ covering the following described real  
property in the County of DOUGLAS, State of <sup>NEVADA</sup> ~~California~~.

BEING ALL OF LOT 73, AS SHOWN ON THE MAP ENTITLED "KINSBURY VILLAGE  
UNIT NO. 5" FILED FOR RECORD SEPTEMBER 7, 1966, IN THE OFFICE OF THE  
COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 33786.

Dated: October 27, 1992  
SUBSCRIBED AND SWORN TO before me  
this 27th day of October, 1992  
Signature: Timothy G. Cleary  
TIMOTHY G. CLEARY  
(Typed Name)

Phyllis M. Nethercott  
PHYLLIS M. NETHERCOTT



**292544**  
BOOK **1192** PAGE **980**

Title Order No.: \_\_\_\_\_ Escrow, Loan, or Attorney file No.: \_\_\_\_\_

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

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) <b>Keith</b>	1B. MIDDLE <b>Newell</b>	1C. LAST (FAMILY) <b>Nethercott</b>	2A. DATE OF DEATH—MO. DAY, YR. <b>August 20, 1992</b>		2B. HOUR <b>1558</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>July 15, 1917</b>	7. AGE IN YEARS <b>75</b>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____
8. STATE OF BIRTH <b>UT</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>John Truman Nethercott</b>	10B. STATE OF BIRTH <b>CA</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Maud Elizibeth Weir</b>	11B. STATE OF BIRTH <b>Australia</b>
12. MILITARY SERVICE? <b>19 41 TO 19 45</b> <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. <b>9940</b>	14. MARITAL STATUS <b>Married</b>	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Phyllis Muriel Westerby</b>		
16A. USUAL OCCUPATION <b>Supervisor of Parks</b>	16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Park &amp; Recreation</b>	16C. USUAL EMPLOYER <b>Livermore Area Rec. &amp; Park Dist.</b>	16D. YEARS IN OCCUPATION <b>10</b>	17. EDUCATION—YEARS COMPLETED <b>12</b>	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>621 Cathedral Drive</b>			18B. CITY <b>Aptos</b>	18C. ZIP CODE <b>95003</b>	
18D. COUNTY <b>Santa Cruz</b>	18E. NUMBER OF YEARS IN THIS COUNTY <b>6</b>	18F. STATE OR FOREIGN COUNTRY <b>California</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mrs. Phyllis Nethercott-Wife 621 Cathedral Drive Aptos, Ca 95003</b>		
19A. PLACE OF DEATH <b>Kaiser Permanente Medical Center</b>	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>Santa Clara</b>	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>900 Kiely Boulevard</b>	19E. CITY <b>Santa Clara</b>	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19F. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>900 Kiely Boulevard</b>	19G. CITY <b>Santa Clara</b>	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Squamous Carcinoma of Lung</b>	23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 <b>Coccidioidomycosis of Lung</b>	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Bronchoscopy August 6 1992</b>	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Roger Kennedy</b>	27C. CERTIFIER'S LICENSE NUMBER <b>C26005</b>	27D. DATE SIGNED <b>8/21/92</b>	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>Aug 10 1987</b>	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>Aug 20 1992</b>	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Roger Kennedy, M.D., 900 Kiely Blvd., Santa Clara CA</b>	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	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 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)		
34A. DISPOSITION(S) <b>CR/BU</b>	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Chapel of the Chimes Cemetery 2601 Santa Rosa Ave, Santa Rosa, Ca</b>	34C. DATE MO. DAY, YEAR <b>8-31-1992</b>	35A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>	35B. LICENSE NUMBER	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Neptune Society of Belmont</b>	36B. LICENSE NO. <b>1327</b>	37. SIGNATURE OF LOCAL REGISTRAR <b>Stephen A. Coray M.D.</b>	38. REGISTRATION DATE <b>AUG 26 1992</b>		
STATE REGISTRAR A.	B.	C.	D.	E.	F. CENSUS TRACT

VS-11 (REV. 3-81)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

525591

CERTIFIED COPY OF VITAL RECORDS

292544

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA }

SS

DATE ISSUED 31 1992  
BY AUG 31 1992

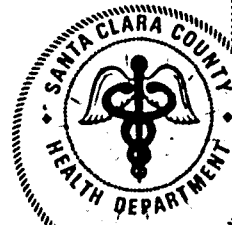
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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY MD  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
Timothy Cleary  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

92 NOV -6 AIO :48

SUZANNE BEAUDREAU  
RECORDER 292544  
\$ 7.60 PAID K2 DEPUTY  
BOOK 1192 PAGE 982

SHINE, BROWNE & DIAMOND, APC  
ATTORNEYS AT LAW  
"THE OLD POST OFFICE"  
131 SOUTH AUBURN STREET  
GRASS VALLEY, CALIFORNIA 95945

RECORDING REQUESTED BY:

KENT AND KRISTIN STELLBY

WHEN RECORDED MAIL TO:

Kent and Kristen Stellby, Trustees  
11217 Orion Way  
Grass Valley, CA 95949

APN: 41-290-12 (portion)

## INTER-SPOUSAL TRANSFER DEED

The Undersigned Grantor declares:

Documentary transfer tax is \$ -0-. <sup># 8</sup> There is no consideration for this transfer.

GRANTORS: KENT A. STELLBY AND KRISTIN K. STELLBY, husband and wife as joint tenants

hereby GRANT to KENT STELLBY AND KRISTIN K. STELLBY as Trustees of the KENT STELLBY AND KRISTIN STELLBY Revocable Trust under agreement dated 5/15/92, as the community property of KENT STELLBY and KRISTIN K. STELLBY, the following described real property in Douglas County, State of Nevada, located at Tahoe Summit Village Condominium, Lot 33, Unit 12, Building B, and more particularly described as set forth in Exhibit A attached hereto.

Dated: 6/30/92

Kent A. Stellby  
KENT A. STELLBY

Dated: 30 Oct 1992

Kristin K. Stellby  
KRISTIN K. STELLBY

STATE OF CALIFORNIA  
COUNTY OF NEVADA

}  
} ss.

On this date before me the undersigned, a Notary Public for the State of California, personally appeared KENT STELLBY AND KRISTIN STELLBY, known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed same.

WITNESS my hand and seal.

Dated: 10-30-92

Susan M. Brussow

[JLW:05-19-92:W:STEL.B001\DEED.003]

