1. CARDIELVILLE, TV 89410

## Declaration of Fact of Death of Joint Tenant or Life Tenant

(Code of Civil Procedure Sect. 2015.5)		
I, Louis E Starrh (name)	, declare:	
1. I am Eighteen (18) years of age or ol	der.	
2. Attached hereto is a certified copy of	f the Certificate of Death for	Lucille M_ Starrn (Name of Deceased)
3. The decedent, named in the Certific	ate of Death, is the same per	
		(traine of December)
named as one of the parties in the deed	l dated <u>May</u> , 19 <u>78</u> ,	executed by B.M.B. Enterprises, Inc. (Name)
grantor, to Lucille M. Starrh	, andLouis E. Star	rrh , as <u>Joint Tenants</u> e Interest Is Affected) (Joint Tenant/Life Tenant/Remainderperson
and recorded on May 19, 19 78	, in Book $_{-578}$ , page $_{-1559}$	, of Official Records of
County, Galifornia, as Instrument No.	20890 , concerning the real	property located in <u>Douglas</u> County
xvalifornia, with the legal and common	description as follows: L8	t 12, in Block M., as shown on the
map of Gardnerville Ranchos Un	it No. 4, filed inthe	office of the County Recorder of
Douglas County, State of Nevad	a, on April 10, 1967,	in Map Book 1, Filing No. 35914.
I declare under penalty of perjury under	$\mathscr{S}$ er the laws of the State of Ca $^{\circ}$	lifornia that the foregoing is true and correct.
Jours & Sta	nh	3-29-93
Jours E. Signature Souis E. Starvh	ertificate of Acknowle	Date
(Prob. Code 211	(a), Gov. Code Sects. 2	7280-27297,27230-27336)
STATE OF CALIFORNIA		
COUNTY OF DOUGLAS		
On bef	ore me, the undersigned, a N	MARCH in the year of 19.9.3  Jotary Public in and for said State, personally
Notary Public - State of Nevada nan Appointment Recorded in Douglas County that MY APPOINTMENT EXPIRES SEPT. 1, 1995 and	me(s) is/are subscribed to the at he/she/they executed the s d that by his/her/their signat	sfactory evidence) to be the person(s) whose within instrument and acknowledged to me ame in his/her/their authorized capacity(ies), ure(s) on the instrument the person(s), or the person(s) acted, executed the instrument.
	TNESS my hand and official	seal.  Public in and for said State.  303165
	Disclaimer	BOOK <b>393</b> PAGE <b>5503</b>



## STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER			ust I	DATE OF DEATH	(Month, Day, Year)	COUNTY OF DEAT
DECEASED—NAME First	Middle		·		26, 1992	Carson (
Lucille		STA IER INSTITUTION—Name			If Hosp, or Inst. Indicate	
ITY, TOWN, OR LOCATION OF DEAT					Rm. Inpatient (Specify) 3e.Inpatient	\
Carson City	ac. Carson	Tahoe Hospi	If yee AGE-Last	UNDER 1	YEAR   UNDER 1 DAY	DATE OF BIRTH (Mo., D
ACE-(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic C specify Mexican, Cuban, Put	erto Rican, etc.	Birthday (Ye	MOS :	DAYS HOURS MIN	February 1
White	6.	ITRY   Decedent's Educa		MARRIED, NEV	FR MARRIED. S	URVIVING SPOUSE (I wile, gw
STATE OF BIRTH If not U.S.A., name country)	•	grade completed.		(Specify) Ma:	UHUED I	Louis Starrh
Mebraska	96. USA	10. Give Kind of Work Done D	12 Juring Moss of	KIND OF BUS	NESS OR INDUSTRY	ZHOUIS OUDIII
SOCIAL SECURITY NUMBER	Working Life, Even if Re	etired)		140 Bent	ley of Nevad	la
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1000001100	Douglas	15c. Gardne		1548	14 Whitney	
15a. NEVALIA 15b FATHER-NAME First	Middle	Last	MOTHER-MAID			liddle Liest
	***************************************	Rhodes	The.	T.	illian	Wedersl
16. Malem		MAILING ADI	176	(Street or F	I.F.D. No., City or Town, St.	ate, Zip)
18a Louis Starrh		814	Whitney W	lay, Gard	inerville, N	levada 89410
BURIAL, CREMATION, REMOVAL, OT	NER (South) CEME	TERY OR CREMATORY-				City or Town Stat
_		Castalda Mam	orial Par	k /	19c. Minden,	Nevada
194 Burial	O / FUNE	RAL DIRECTOR I NAME	AND ADDRESS OF F	ACILITYE! tz	lenry's Fune	ral Home & C
FUNERAL DIBECTOR—SIGNATURE (Or Person Arting as Such)			13 N Edmo	nde Dr.	Carson City	, Nevada 89
The Dank N. 1	Valley 200.		J N. Edille	22a. On the basis	of examination and/or inves	stigation, in my opinion death ne cause(s) and manner state
21a. To the best of my knowled, due to the cause(s) stated.	pe, death occurred at the time,					he cause(s) and manner sure
50 ชูเที (Signature and Title) ➤	Stuat i	USTOCESH	<i>₩</i> 7	(Signature and Tit		
						OUR OF DEATH
DATE SIGNED (Mo., Day,	Yr.) HOUR OF	76.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE SIGNED (M	a., Dey. Yr.J H	
DATE SIGNED (Mo., Day,	77.) HOUR OF 21c. 22	2:15	complete ner's Offi	DATE SIGNED (M 22b.	a, Dey, Yr.) HK	OUR OF DEATH  2c.  RONOUNCED DEAD (Hour)
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NAME AND ADDRESS OF  21a STUATT W.  REGISTRAR  24a (Signature)  25. IMMEDIATE CAUSE (ENTER	1992 21c. 22 1992 21c. 22 1993CIAN IF OTHER THAN CE CERTIFIER (PHYSICIAN, AT Stoloff M.D. R, Kyck	2:15 ERTIFIER (Type or Print) TENDING PHYSICIAN, ME . 1200 Mount DATE 240.	EDICAL EXAMINER, Cotain Street Processes By Res	DATE SIGNED (M 22b. PRONOUNCED D 22d. ON OR CORONER). (7) 2ct, Cars. STRAR (Mc. Day. 8, 199.	EAD (Mo. Dey. Yr.) Proper or Print, 89703 on City, NV	PRONOUNCED DEAD (Hour)  20. AT  LICENSE NUMBER  20. 3402  MMUNICABLE DISEASE  NO []  Interval between onse
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PART (a) CITHER SIGNIFICANT CO PART (b) COTHER SIGNIFICANT CO PART (c) CITHER SIGNIFICANT CO PART (C) COTHER SIGNIFICANT CO	1992 21c. 22 175 INDITIONS—Conducts control  ATE OF INJURY ALL Day, 17)  86.  HOUR OF INJURY—AL horse, as building, as a second to the control of the contro	ERTIFIER (Type or Print)  TENDING PHYSICIAN, ME  1200 Mount  240.  DATE  240.  WE FOR (a), (b), AND (c)  WILLIAM  HOUR OF INJURY  280.  M. Street, factory, office  In, (specify)	EDICAL EXAMINER, CLAIN STREET  E RECEIVED BY REG  OF 2  SEPTICE  I BILLIAL  DESCRIBE HOW I  28d. LOCATION. 28g.	DATE SIGNED (M 22b. PRONOUNCED D 22d. ON PR CORONER). (7) 2t, Cars. ISTRAR (Ma. Day, SP, 199.	EAD (Mo., Dey, Yr.)  EAD (Mo., Dey, Yr.)  PRO OF Print.) 89703  On City, NV  Yr.) DEATH DUE TO CO  24c. YES   L. AUTOPSY (Soe Yes Of 28. NO)  D. C.	CORONER SEASE  Interval between onse
PART (a) COTHER SIGNIFICANT CO PART (b) COTHER SIGNIFICANT CO PART (C)  PART (C)  COTHER SIGNIFICANT CO PART (Specify Yes or No)  28.  This is to co	1992 21c. 22  TYSICIAN IF OTHER THAN CE  CERTIFIER (PHYSICIAN, AT  Stoloff M.D.  ROMLY ONE CAUSE PER LIN  CONTROL OF:  NOTIONS—Conducts control  ATE OF INJURY—At home, to building, se  secretify that the above  lificate on file in this	TENDING PHYSICIAN, ME  1200 Mount  1200 Mount  24b.  1201 AND (GL)  AND (GL)  AND (GL)  AND (GL)  AND HOLLE  HOUR OF INJURY  28c.  AND STATE OFFICE  C. (Specify)  Is a trigge ATE OFFI  office.	EDICAL EXAMINER, CLAIN STREET  E RECEIVED BY REG  OF 2  SEPTICE  I BILLIAL  DESCRIBE HOW I  28d. LOCATION. 28g.	DATE SIGNED (M 22b. PRONOUNCED D 22d. ON PR CORONER). (7) 2t, Cars. ISTRAR (Ma. Day, SP, 199.	EAD (Mo., Dey, Yr.)  EAD (Mo., Dey, Yr.)  PRO OF Print.) 89703  On City, NV  Yr.) DEATH DUE TO CO  24c. YES   L. AUTOPSY (Soe Yes Of 28. NO)  D. C.	CORONER SEASE  Interval between onse
PART (a) COTHER SIGNIFICANT CO PART (b) COTHER SIGNIFICANT CO PART (c)  PART OTHER SIGNIFICANT CO PART (B)  ACC., SUICIDE, HOM., UNDET., (C) PART (C)  PART (C)  PART (C)  PART (C)  PART (C)  THURY AT WORK (Specify Yee or No)  28e.  This is to co of the certificant co of the certificant co	1992 21c. 22  TYSICIAN IF OTHER THAN CE  CERTIFIER (PHYSICIAN, AT  Stoloff M.D.  RONLY ONE CAUSE PER UN  CONSEDUENCE OF:  WHILLY UNICA  MISEDUENCE OF:  WHILLY UNICA  MISEDUENCE OF:  MOITIONS—Conducts control  ATE OF INJURY—At home, to building, st  Stoloff William  Stoloff William  CERTIFY WAS DON, 1777  Stoloff William  CONTOR STOLOFT  CONTOR STOL	TENDING PHYSICIAN, ME  1200 Mount  1200 Mount  24b.  1274 ATE BET ATE BET	EDICAL EXAMINER, CLAIN STREET  E RECEIVED BY REG  OF 2  SEPTICE  I BILLIAL  DESCRIBE HOW I  28d. LOCATION. 28g.	DATE SIGNED (M 22b. PRONOUNCED D 22d. ON PR CORONER). (7) 2t, Cars. ISTRAR (Ma. Day, SP, 199.	EAD (Mo. Dey. Yr.)  EAD (Mo. Dey. Yr.)  Prope or Print.) 89703  On City, NV  Yr.) DEATH DUE TO CO  24c. YES []  L. AUTOPSY (Some Yes or	Interval between onse
PART (a) CTHER SIGNIFICANT CO PART (b) CHARLES (C)  PART (a) CTHER SIGNIFICANT CO PART (C)  PART (C)  PART (C)  OTHER SIGNIFICANT CO PRENDING INVEST. (Specify) 288.  This is to co of the certification  Date 15 sue	1992 21c. 22  TYSICIAN IF OTHER THAN CE  CERTIFIER (PHYSICIAN, AT  Stoloff M.D.  R. H. H. H.  TONLY ONE CAUSE PER UN  NISEDUENCE OF:  NOTIONS—CONDUCTOR  ATE OF INJURY—A hors, is building, si  St.  Certify that the above  St.	TENDING PHYSICIAN, ME  1200 Mount  1200 Mount  24b.  1201 AND (GL)  AND (GL)  AND (GL)  AND (GL)  AND HOLLE  HOUR OF INJURY  28c.  AND STATE OFFICE  C. (Specify)  Is a trigge ATE OFFI  office.	EDICAL EXAMINER. CLAIN Street PLUS COLOR 2  SEPTEMBE HOW IN 289.  CALSTRAR (SEE STRAR)	DATE SIGNED (M 220.  PRONOUNCED D 22d. ON PR CORONER). (7) 2t, Carso INSTRAR (Ma. Day, 8, 199.  STREET OF	EAD (Me. Dey. Yr.)  EAD (Me. Dey. Yr.)  Prope or Print) 89703  On City, NV  Yr.) DEATH DUE TO CO  24c. YES   L. AUTOPSY (Some or NO)  On Ref.O. No. Ci	Interval between onse

