

814 WHITNEY WAY  
GARDNERVILLE, NV 89410

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

(Code of Civil Procedure Sect. 2015.5)

I, Louis E Starrh, declare:  
(name)

- I am Eighteen (18) years of age or older.
- Attached hereto is a certified copy of the Certificate of Death for Lucille M Starrh  
(Name of Deceased)
- The decedent, named in the Certificate of Death, is the same person as Lucille M Starrh  
(Name of Deceased)  
named as one of the parties in the deed dated May, 19 78, executed by B.M.B. Enterprises, Inc.  
(Name)  
grantor, to Lucille M. Starrh, and Louis E. Starrh, as Joint Tenants  
(Name of Deceased) (Name of Other Person Whose Interest Is Affected) (Joint Tenant/Life Tenant/Remainderperson)  
and recorded on May 19, 19 78, in Book 578, page 1559, of Official Records of Douglas  
County, ~~California~~ <sup>Nevada</sup>, as Instrument No. 20890, concerning the real property located in Douglas County,  
~~California~~ <sup>Nevada</sup>, with the legal and common description as follows: Lot 12, in Block M., as shown on the  
map of Gardnerville Ranchos Unit No. 4, filed in the office of the County Recorder of  
Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, Filing No. 35914.

A.P.N. 27-601-08  
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Louis E Starrh  
Signature

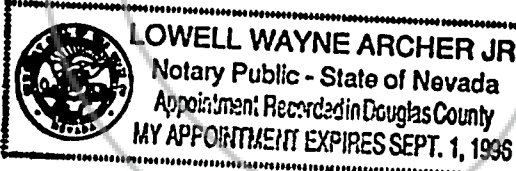
3-29-93  
Date

Louis E. Starrh

## Certificate of Acknowledgement (Prob. Code 211(a), Gov. Code Sects. 27280-27297, 27230-27336)

STATE OF CALIFORNIA  
COUNTY OF DOUGLAS

On this 29 day of MARCH in the year of 1993  
before me, the undersigned, a Notary Public in and for said State, personally  
appeared Louis E. Starrh, personally known to me  
(or proved on the basis of satisfactory evidence) to be the person(s) whose  
name(s) is/are subscribed to the within instrument and acknowledged to me  
that he/she/they executed the same in his/her/their authorized capacity(ies),  
and that by his/her/their signature(s) on the instrument the person(s), or the  
entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.  
[Signature]  
Notary Public in and for said State.

303165

Disclaimer

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# 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  |  | DECEASED—NAME   |  | DATE OF DEATH (Month, Day, Year)  | STATE FILE NUMBER |
| 1. Lucille M. STARRH   |  | 2. October 26, 1992   |  | 3. Carson City  |                   |
| CITY, TOWN, OR LOCATION OF DEATH   |  | HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)   |  | If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)                         |                   |
| 3a. Carson City  |  | 3c. Carson-Tahoe Hospital   |  | 3e. Inpatient   |                   |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify)   |  | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. |  | AGE—Last Birthday (Years)   | SEX               |
| 5. White   |  | 8.  |  | 7a. 67  | 4. Female         |
| STATE OF BIRTH (If not U.S.A., name country)   |  | CITIZEN OF WHAT COUNTRY   |  | Decedent's Education. Specify highest grade completed.                                  |                   |
| 9a. Nebraska   |  | 9b. USA   |  | 10. 12  |                   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)  |  | KIND OF BUSINESS OR INDUSTRY  |                   |
| 13. ████████-4540  |  | 14a. Book Keeper  |  | 14b. Bentley of Nevada  |                   |
| RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION   |                   |
| 15a. Nevada  |  | 15b. Douglas  |  | 15c. Gardnerville   |                   |
| FATHER—NAME  |  | MOTHER—MAIDEN NAME  |  | STREET AND NUMBER   |                   |
| 16. Malem Rhodes   |  | 17. Lillian Wederski  |  | 15d. 814 Whitney Way  |                   |
| INFORMANT—NAME (Type or Print)   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  |  |   |                   |
| 18a. Louis Starrh  |  | 18b. 814 Whitney Way, Gardnerville, Nevada 89410  |  |   |                   |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  | LOCATION City or Town State   |                   |
| 19a. Burial  |  | 19b. Eastside Memorial Park   |  | 19c. Minden, Nevada   |                   |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  |  | FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY  |                   |
| 20a. <i>Frank D. Pailat</i>  |  | 20b. #36  |  | 20c. FitzHenry's Funeral Home & Crematory, 833 N. Edmonds Dr. Carson City, Nevada 89701 |                   |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.                         |  | 21b. DATE SIGNED (Mo., Day, Yr.)  |  | 21c. HOUR OF DEATH  |                   |
| 21a. <i>Stuart W. Stoloff</i>  |  | 21b. Oct. 27, 1992  |  | 21c. 22:15  |                   |
| 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)                   |  | 21e. LICENSE NUMBER   |  | 21f. ON <input type="checkbox"/> AT <input checked="" type="checkbox"/>                 |                   |
| 21d. Stuart W. Stoloff M.D. 1200 Mountain Street, Carson City, NV  |  | 21e. 3402   |  | 21f. ON <input type="checkbox"/> AT <input checked="" type="checkbox"/>                 |                   |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  | DEATH DUE TO COMMUNICABLE DISEASE   |                   |
| 24a. <i>Yvonne R. Kuchomp</i>  |  | 24b. Oct. 28, 1992  |  | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                |                   |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  | Interval between onset and death  |  |   |                   |
| PART I (a) <i>Acute gram positive septicemia with</i>  |  | Interval between onset and death  |  |   |                   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death  |  |   |                   |
| (b) <i>overwhelming pneumonia</i>  |  | Interval between onset and death  |  |   |                   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death  |  |   |                   |
| PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. |  | AUTOPSY (Specify Yes or No)   |  | WAS CASE REFERRED TO CORONER (Specify Yes or No)  |                   |
| 26. NO   |  | 26. NO  |  | 27. YES   |                   |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)  |  | DATE OF INJURY (Mo., Day, Yr.)  |  | HOUR OF INJURY  |                   |
| 28a.   |  | 28b.  |  | 28c.  |                   |
| INJURY AT WORK (Specify Yes or No)   |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)   |  | LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE                                       |                   |
| 28a.   |  | 28b.  |  | 28c.  |                   |

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: OCT 28 1992

*Yvonne R. Kuchomp*  
Deputy Registrar

SEAL  
No. 049501

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
Louis Starrh  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'93 MAR 29 P3:52

SUZANNE BEAUDREAU  
RECORDER **303165**  
\$ 7.00 PAID ke DEPUTY  
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