

AFFIDAVIT—DEATH OF A JOINT TENANT

STATE OF NEVADA.

County of Carson City } ss.

Daisy Clem, of legal age, being duly sworn, deposes and says
 That Lorin Daryl Clem, the decedent mentioned in the attached certified
 copy of the Certificate of Death, is the same person as Lorin D. Clem
 named as one of the parties in that certain Joint Tenancy Deed dated November 11, 1986
 executed by S. John Gorman, Maureen J. Gorman, Charles R. Harley, Linda P. Harley*
 to Lorin D. Clem and Daisy Clem, husband and wife,
 as joint tenants, recorded as Instrument No. 145237, on November 17, 1986, in
 Book 1186, Page 1699, of Official Records of Douglas
 County, Nevada, covering the following described property situated in the _____
 County of Douglas, State of Nevada.

Lot 1 in Block D as shown on the map entitled "ROUND HILL VILLAGE UNIT NO.
 3", filed for record in the office of the County Recorder of Douglas County,
 State of Nevada, on November 24, 1965, as Document No. 30185.

CR

*Patrick J. Knowd and Mary B. Knowd

Dated July 31, 1993

Daisy Clem

 Daisy Clem

Louis G. Martin

 Louis G. Martin, Witness

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____

see attached

Notary Public in and for said State

Title Order No. _____

Escrow or Loan No. _____

DO-930869-DB

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Daisy Clem
 Street 330 Ardenale Drive
 Address Daly City, CA. 94014
 City & State

314459

BK0893PG1038

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-92-41-004154

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | |
| 1A. NAME OF DECEDENT—FIRST (GIVEN) LORIN | | 1B. MIDDLE DARYL | 1C. LAST (FAMILY) CLEM | 2A. DATE OF DEATH—MO. DAY, YR. NOVEMBER 11, 1992 |
| 4. RACE White | | 5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 6. DATE OF BIRTH—MO. DAY, YR. April 5, 1925 | 7. AGE IN YEARS 67 |
| 8. STATE OF BIRTH CA | 9. CITIZEN OF WHAT COUNTRY U.S.A. | 10A. FULL NAME OF FATHER James S. Clem | 10B. STATE OF BIRTH AL | 11A. FULL MAIDEN NAME OF MOTHER Junie E. Lacey |
| 12. MILITARY SERVICE? ID 42 TO 19 46 <input type="checkbox"/> NONE | | 13. SOCIAL SECURITY NO. 4790 | 14. MARITAL STATUS Married | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Daisy Membreno |
| 16A. USUAL OCCUPATION Police Officer | | 16B. USUAL KIND OF BUSINESS OR INDUSTRY Law Enforcement | 16C. USUAL EMPLOYER City of SanFran. | 16D. YEARS IN OCCUPATION 28 |
| 18A. RESIDENCE—STREET AND NUMBER OR LOCATION 330 Ardenale Drive | | 18B. CITY Daly City | 18C. ZIP CODE 94014 | |
| 18D. COUNTY San Mateo | | 18E. NUMBER OF YEARS IN THIS COUNTY 30 | 18F. STATE OR FOREIGN COUNTRY California | |
| 19A. PLACE OF DEATH Kaiser Foundation Hospital | | 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP | 19C. COUNTY San Mateo | |
| 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1200 El Camino Real | | 19E. CITY South San Francisco | | |
| 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Metastatic Lung Cancer | | TIME INTERVAL BETWEEN ONSET AND DEATH 3 Mos | | 22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| DUE TO (B) | | | | 23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| DUE TO (C) | | | | 24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Pneumonia | | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO | | |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>[Signature]</i> | 27C. CERTIFIER'S LICENSE NUMBER G 066173 | 27D. DATE SIGNED 11/12/92 |
| 27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 5-31-83 | | 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Christopher Tyler, 1200 El Camino Real, SSF, Ca. | | |
| I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i> | | 28B. DATE SIGNED 11 |
| 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 |
| 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | | 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | |
| 34A. DISPOSITION(S) CR/RES | | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Res: 330 Ardenale Dr., Daly City, CA | 34C. DATE MO, DAY, YEAR 11/16/92 | 35A. SIGNATURE OF EMPLOYER <i>[Signature]</i> |
| 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Duggan's Serra Mortuary | | 36B. LICENSE NO. 1098 | 37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> | 35B. LICENSE NUMBER 7583 |
| | | | | 38. REGISTRATION DATE 11-13-92 |

**SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES**

**225 West 37th Avenue
San Mateo, California 94403**

SEAL

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

Bradley P. Gilbert M.D.
BRADLEY P. GILBERT, M.D.
Health Officer and Registrar

November 24, 1992

314459

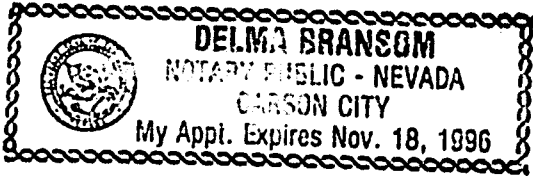
BK0893PG1039

STATE OF NEVADA)
)
) ss.
COUNTY OF CARSON CITY)

On August 3, 1993, before me, the undersigned, a Notary Public, in and for said state, personally appeared LOUIS G. MARTIN, known to me to be the person whose name is subscribed to the within Instrument, as a Witness thereto, who being by me duly sworn, deposes and says: That he resides in Nevada and that he was present and saw DAISY CLEM personally known to him to be the same person described in and whose name subscribed to the within and annexed instrument execute the same; and he acknowledged to said affiant that she executed the same; and that affiant subscribed his name thereto as a Witness to said execution

WITNESS my hand and official seal

Delma Bransom
Delma Bransom, Notary Public



REQUESTED BY:
Northern Nevada Title Company
IN OFFICIAL RECORDS OF:
DOUGLAS CO., NEVADA

'93 AUG -6 AIO :41

314459

BK0893PG1040

SUZANNE BEAUDREAU
RECORDER
\$ 7.00 PAID K2 DEPUTY