

Recording Requested By and
When Recorded Mail To:
McLaughlin Living Trust A
954 Burleigh Drive
Pasadena, CA 91105

Mail Tax Bills To:
McLaughlin Living Trust A
954 Burleigh Drive
Pasadena, CA 91105

SPACE ABOVE FOR RECORDER'S USE

Property Address: 644 Inspiration Point, Zephyr Cove, Nevada

Affidavit of Death of Joint Tenant

Assessor Identification Number: 05-141-14

State of California)
) ss.
County of Los Angeles)

Hannah M.G. McLaughlin, of legal age, being first duly sworn,
deposes and says that:

James McLaughlin, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James McLaughlin, named as one of the parties in that certain Individual Deed dated May 25, 1993, executed by James McLaughlin and Hannah M.G. McLaughlin, grantors, to James McLaughlin and Hannah M.G. McLaughlin, husband and wife, as joint tenants, grantees, recorded as Instrument No. 309268 on June 8, 1993 in Book 0693, at Page 1715 of Official Records of the County Recorder, covering the following described real property in the Unincorporated Area, County of Douglas, State of Nevada:

323074

BK 1193 PG 3964

LOT 94, ZEPHYR KNOLLS UNIT NO. 4, PER MAP RECORDED
OCTOBER 14, 1957, BOOK 1, MAPS, AS DOCUMENT NO. 12699.

Affiant will testify, declare, depose, or certify before any tribunal,
officer, or person, in any case now pending or which may thereafter be
instituted, to the truth of the particular facts, hereinabove set forth.

Date Of Execution: 11-15-93

Hannah M.G. McLaughlin
Hannah M.G. McLaughlin

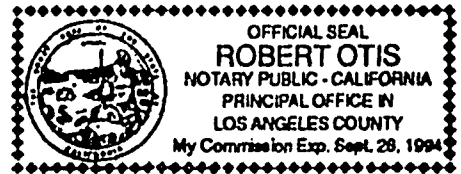
SUBSCRIBED AND SWORN TO before me,
a notary public, in and for said State, on

Date: 11-15-93

NOTARY SEAL

WITNESS my hand and official seal.

Robert Otis



CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D. **SEAL**

Curtiss E. Weidmer Deputy Registrar
 Registrar of Vital Statistics **SEP 22 1993**
 El Dorado County, California Date

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) JAMES		1B. MIDDLE -----	1C. LAST (FAMILY) McLAUGHLIN		2A. DATE OF DEATH—MO. DAY, YR. 08/31/1993
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. 05/27/1925	7. AGE IN YEARS 68	2B. HOUR 1012
8. STATE OF BIRTH SCOTLAND		9. CITIZEN OF WHAT COUNTRY SCOTLAND	10A. FULL NAME OF FATHER Patrick McLaughlin	10B. STATE OF BIRTH Ireland	3. SEX M
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. ██████████4663	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Hannah M.G. McLean	
16A. USUAL OCCUPATION Owner		16B. USUAL KIND OF BUSINESS OR INDUSTRY Auto Repair	16C. USUAL EMPLOYER Self-Employed	16D. YEARS IN OCCUPATION 30	17. EDUCATION—YEARS COMPLETED 12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 954 Burleigh Dr.		18B. CITY Pasadena		18C. ZIP CODE 91105	
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 37	18F. STATE OR FOREIGN COUNTRY California	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Hannah M.G. McLaughlin - Wife 954 Burleigh Dr. Pasadena, CA 91105	
19A. PLACE OF DEATH Barton Memorial Hospital		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY El Dorado	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES 93-17874 <input type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4th and South Ave.		19E. CITY So. Lake Tahoe		23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Pending		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	
DUE TO (B) _____		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.	
DUE TO (C) _____		27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>[Signature]</i>	
27A. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. CERTIFIER'S LICENSE NUMBER	
27D. DATE SIGNED		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i> Deputy Coroner		28B. DATE SIGNED 09/01/1993	
29. MANNER OF DEATH—Identify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural		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/SEA		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Pacific Ocean: 3 miles off coast from Burbank, CA		34C. DATE MO. DAY, YR. 09/08/1993	35A. SIGNATURE OF EMBALMER Not Embalmed
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Reichert's Funeral Service		36B. LICENSE NO. FD 1489	37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		38. REGISTRATION DATE SEP - 7 1993
STATE REGISTRAR		A.	B.	C.	D.
		BK 1193 PG 3966		323074	
				CENSUS TRACT	

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D. **SEAL**

Curtiss Weidmer Deputy Registrar
 Registrar of Vital Statistics **SEP 22 1993**
 El Dorado County, California Date

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, OR ALTERATIONS
 USE BLACK INK ONLY

DEATH FETAL DEATH BIRTH

STATE FILE NUMBER _____ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER _____

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
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PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) JAMES	1B. MIDDLE -----	1C. LAST (FAMILY) McLAUGHLIN	1D. SEX M
ADDITIONAL INFORMATION TO LOCATE RECORD	2. DATE OF EVENT—MONTH, DAY, YEAR 08/31/1993	3A. CITY OF OCCURRENCE So. Lake Tahoe	3B. COUNTY OF OCCURRENCE El Dorado	

PART II STATEMENT OF CORRECTIONS

	4. CERTIFICATE ITEM NUMBER	5A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	5B. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	21(A)	Pending	Acute myocardial infarction
	21(B)		Coronary artery atherosclerosis

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6A. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>[Signature]</i>	6B. DATE SIGNED 09/21/93	7A. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER Dennis Small, Coroner Deputy		
	7B. ADDRESS—STREET AND NUMBER		7C. CITY	7D. STATE	7E. ZIP CODE

STATE/LOCAL REGISTRAR USE ONLY	8. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>Curtiss E Weidmer, MD</i> 323074	9. DATE ACCEPTED FOR REGISTRATION SEP 21 1993
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COPY

REQUESTED BY
Robert Otis
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 NOV 19 AM 1:14

323074

BK 1193 PG 3968

SUZANNE BEAUDREAU
RECORDER
\$ 11.00 PAID K2 DEPUTY