

WHEN RECORDED, MAIL TO:

✓ CHANDLER & BRUNER
PROFESSIONAL CORPORATION
1330 EAST 14TH STREET
SAN LEANDRO, CA 94577-4751

DECLARATION RE DEATH OF JOINT TENANT

I, WILLIAM J. MONAHAN, the undersigned, declare that:

MAIZIE ELIZABETH MONAHAN, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as MAIZIE MONAHAN, also known as MAIZE E. MONAHAN, named as one of the parties in the following joint tenancy deeds:

(1) That certain deed dated October 8, 1968, executed by Bert Wade and Marguerite E. Wade to WILLIAM J. MONAHAN and MAIZIE MONAHAN, husband and wife, as joint tenants, recorded as Instrument No. 42532, in Book 62, Page 441, on October 8, 1968, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Commencing at the Southwest corner of the Northeast 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. & M.; thence North 0°05' East a distance of 300 feet to the true point of beginning; thence continuing North 0°05' east a distance of 627 feet to a point; thence North 89°57' East a distance of 209 feet to a point; thence South 0°05' East a distance of 627 feet to a point; thence North 89°57' West a distance of 209 feet to the point of beginning; being a portion of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. & M.

EXCEPTING THEREFROM the West 25 feet as set forth in Dedication from Walter A. Downs, Sr. and wife to the County of Douglas, State of Nevada, recorded June 9, 1966 in Book 41, Page 197, as File No. 32490, Official Records.

APN: 21-260-03

(2) That certain deed dated February 17, 1969, executed by United Inco, a Nevada corporation, to WILLIAM J. MONAHAN and MAIZIE MONAHAN, husband and wife, as joint tenants, recorded as

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Instrument No. 43920, in Book 65, Page 440, on March 12, 1969, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

The South Half of the Southeast Quarter of the Southeast Quarter of the Southwest Quarter of Section 2, Township 13 North, Range 20 East M.D.B. & M.

APN: 23-090-20 (portion)

(3) That certain deed dated August 29, 1965, executed by Gordon H. Millard and Florence Millard to WILLIAM J. MONAHAN and MAIZIE E. MONAHAN, husband and wife, as joint tenants, recorded as Instrument No. 29596, in Book 34, Page 598, on September 29, 1965, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

The North half of the Southeast quarter of the Southeast quarter of the Southwest quarter of Section 2, Township 12 North, Range 20 East, M.D.B.&M., together with a right of way for roadway over the Easterly 30 feet of the south half of the Southeast quarter of the Southwest quarter of said Section 2, Township 13 North, Range 20 East, M.D.B.&.

APN: 23-090-20 (portion)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March, 31, 1994, at San Leandro, California.

William J. Monahan
WILLIAM J. MONAHAN

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STATE OF CALIFORNIA)

COUNTY OF ALAMEDA)

On 3/31/94, before me, THERESA B. MENCHINI, a Notary Public, State of California, duly commissioned and sworn, personally appeared WILLIAM J. MONAHAN, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal on the date set forth above in this certificate.

Theresa B. Menchini

Notary Public, State of California
My commission expires 3/31/94

HERS2
THERESA B. MENCHINI
COMM. NO. 956741
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My comm. expires March 22, 1996
HRS2



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CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-01 002025

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Maizie			1B. MIDDLE ELIZABETH		1C. LAST (FAMILY) Monahan		2A. DATE OF DEATH—MO. DAY, YR. March 20, 1990		2B. HOUR 0015	3. SEX F
4. RACE WHITE			5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. MAY 31, 1912		7. AGE IN YEARS 77	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH TEXAS	9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER WALTER FOX			10B. STATE OF BIRTH TEXAS	11A. FULL MAIDEN NAME OF MOTHER LOUISE JONES		11B. STATE OF BIRTH GEORGIA	
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO. ██████-2170		14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) WILLIAM MONAHAN			
16A. USUAL OCCUPATION BEAUTICIAN			16B. USUAL KIND OF BUSINESS OR INDUSTRY COSMETOLOGY		16C. USUAL EMPLOYER SELF-EMPLOYED		16D. YEARS IN OCCUPATION 30	17. EDUCATION—YEARS COMPLETED 12		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 330 E.14TH ST.							18B. CITY SAN LEANDRO		18C. ZIP CODE 94577	
18D. COUNTY ALAMEDA			18E. NUMBER OF YEARS IN THIS COUNTY 46		18F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM MONAHAN - HUSBAND 330 E. 14TH ST. SAN LEANDRO, CA. 94577			
19A. PLACE OF DEATH Kaiser Foundation Hospital			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Alameda					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 27400 Hesperian Blvd.							19E. CITY Hayward		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES MR90-0626 <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Shock ▶ Hours							23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Intraabdominal Process Etiology Uncertain ▶ Days							24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) --- ▶										
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Dehydration, CVA with lighthemiparesis, Hypertension							26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No			
1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 3-18-90		27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 3-19-90		27C. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Norman Pearl M.D.</i>		27D. DATE SIGNED 3-20-90	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Norman Pearl, M.D., 27400 Hesperian Blvd., Hayward, CA
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 3-18-90			27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 3-19-90		27C. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Norman Pearl M.D.</i>		27D. DATE SIGNED 3-20-90	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Norman Pearl, M.D., 27400 Hesperian Blvd., Hayward, CA		
1 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 3-20-90			
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) ENTOMBMENT			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS CHAPEL OF THE CHIMES MEMORIAL PARK 32992 MISSION BLVD. HAYWARD, CA. 94544			34C. DATE MO. DAY, YEAR MARCH 22, 1990		35A. SIGNATURE OF EMBALMER <i>Donald D. Decker</i>		35B. LICENSE NUMBER 7358
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CHAPEL OF THE CHIMES MORTUARY, HAYWARD			36B. LICENSE NO. 1240		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			38. REGISTRATION DATE MAR 21 1990		
A.	B.	C.	D.	E.	F.	CENSUS TRACT				

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

SEAL
CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: *[Signature]* DEPUTY

DATE: **MAR 22 1990**

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COPY

REQUESTED BY
Chandler + Bruner
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'94 APR 11 AM 11:00

SUZANNE BEAUDREAU
RECORDER
\$11.00 PAID ko DEPUTY

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