

AND WHEN RECORDED MAIL TO

NAME Mr. Robert E. Williams
ADDRESS 5230 Paragon Street
CITY & STATE Rocklin, CA 95677

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA

County of DOUGLAS

} ss.

ROBERT E. WILLIAMS
That MINA P. WILLIAMS
Certificate of Death, is the same person as
named as one of the parties in that certain Deed
executed by

, of legal age, being first duly sworn, deposes and says:
the decedent mentioned in the attached certified copy of

dated February 14, 1992

to ROBERT E. WILLIAMS and MINA P. WILLIAMS
as joint tenants, recorded as Instrument No. 272391
book 392, page 208, of Official Records of DOUGLAS
County, NEVADA, covering the following described property situated in the
County of DOUGLAS

, on _____, in _____

, State of NEVADA;

See Exhibit "A" attached hereto and made a part hereof

That the value of all real and personal property owned by said decedent at date of death, including the full
value of the property above described, did not then exceed the sum of \$ N/A

Dated 3 FEB 1995

Robert E. Williams
ROBERT E. WILLIAMS

STATE OF CALIFORNIA)
COUNTY OF Sacramento) ss

ON 2/3/95 BEFORE ME, Kelli Sample A
NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY
APPEARED Robert E. Williams
PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE
BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON(S)
WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN
INSTRUMENT AND ACKNOWLEDGE 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 [Signature]

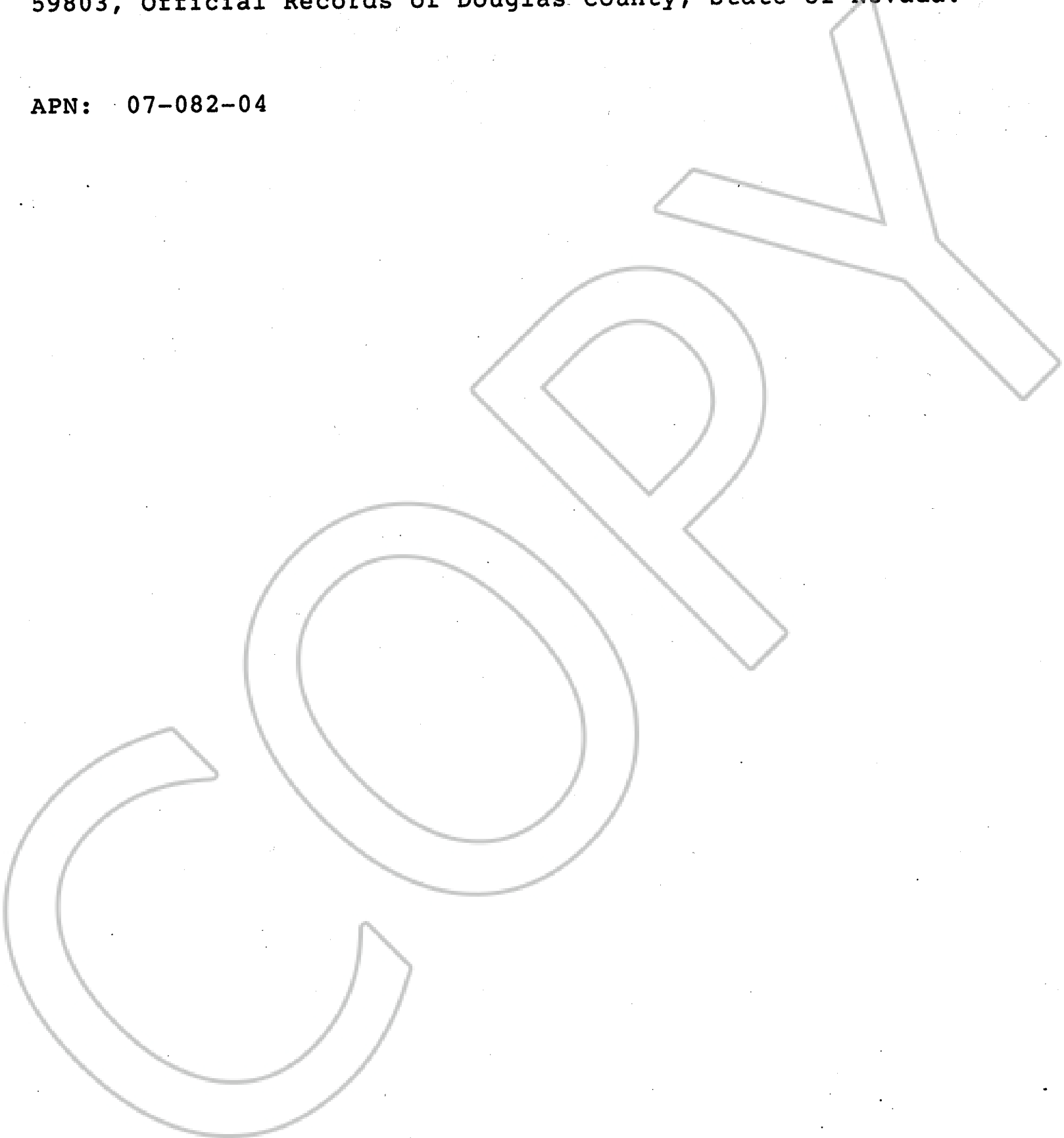


FOR NOTARY SEAL OR STAMP

EXHIBIT "A"

Lot 38B, as shown on the map of LAKE VILLAGE UNIT NO. 2-D, filed in the Office of the County Recorder on June 5, 1972, as Document No. 59803, Official Records of Douglas County, State of Nevada.

APN: 07-082-04



CERTIFICATE OF DEATH

3 1994 34

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) MINA		2. MIDDLE Pearl		3. LAST (FAMILY) WILLIAMS					
	4. DATE OF BIRTH MM/DD/CCYY 04/15/1925		5. AGE YRS. 69		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 11/29/1994		8. HOUR 1135	
	9. STATE OF BIRTH TX	10. SOCIAL SECURITY NO. ██████████ 0952		11. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Mar.		13. EDUCATION—YEARS COMPLETED 12		
	14. RACE Cauc		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Pacific Bell					
USUAL RESIDENCE	17. OCCUPATION Telephone Operator									
	18. KIND OF BUSINESS Communications				19. YEARS IN OCCUPATION 42					
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 5230 Paragon St.									
INFORMANT	21. CITY Rocklin		22. COUNTY Placer		23. ZIP CODE 95677		24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA	
	26. NAME, RELATIONSHIP Robert E. Williams - Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 5230 Paragon St., Rocklin, CA 95677					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST Robert		29. MIDDLE -		30. LAST (MAIDEN NAME) Williams					
	31. NAME OF FATHER—FIRST Oscar		32. MIDDLE Olive		33. LAST Chapman		34. BIRTH STATE OK			
	35. NAME OF MOTHER—FIRST Fay		36. MIDDLE -		37. LAST (MAIDEN) Rhoads		38. BIRTH STATE TX			
DISPOSITION(S)	39. DATE MM/DD/CCYY 12/02/1994		40. PLACE OF FINAL DISPOSITION Rocklin Cemetery, Rocklin, CA							
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR Lambert Funeral Home		45. LICENSE NO. F734		46. SIGNATURE OF LOCAL REGISTRAR <i>Bette G. Hunter, M.D.</i>		47. DATE MM/DD/CCYY 12/01/1994 HL			
	101. PLACE OF DEATH KAISER FOUNDATION HOSP.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY SACRAMENTO			
PLACE OF DEATH	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2025 MORSE AVENUE						106. CITY SACRAMENTO			
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) HEMORRHAGE				HOURS					
	DUE TO (B) BLAST CRISIS				DAYS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (C) CHRONIC MYELOCYTIC LEUKEMIA				YEARS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO										
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY --/--/1984		DECEDENT LAST SEEN ALIVE MM/DD/CCYY 11/29/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G 017445	117. DATE MM/DD/CCYY 11/30/1994		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP 3240 ARDEN WAY, SACRAMENTO, CA., 95825., ARLENE BRANDWEIN MD									
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	123. PLACE OF INJURY		
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) SEAL									
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. # 7991	CENSUS TRACT

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356067

IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE WITH SACRAMENTO COUNTY VITAL STATISTICS.

DATE: 12/05/1994

REGISTRAR

Bette G. Hunter, MD

DEPUTY

John F. Mockring

COPY

REQUESTED BY
Martorana + Anderson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 FEB 13 10:17

LINDA SLATER
RECORDER

\$ 10⁰⁰ PAID Kg DEPUTY

356067
BK0295PG1752