

RECORDING REQUESTED BY

GERALD ERICKSON & ASSOCIATES, CPA'S

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

GERALD ERICKSON & ASSOCIATES, CPA'S
P.O. BOX 573
KINGSBURG, CA 93631 ✓

SPACE ABOVE THIS LINE FOR RECORDERS'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF FRESNO

Genevieve L. Garcia, of legal age, being first duly sworn, deposes and says:
That William M. Garcia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William M. Garcia named as one of the parties in that certain Deed dated July 16, 1985 executed by Harich Tahoe Developments to William M. Garcia and Genevieve L. Garcia as joint tenants, recorded as Instrument No. 120292, on 7/17/85, in Book 785 Page 1445, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Stateline, County of Douglas, State of Nevada:

See Exhibit "A"

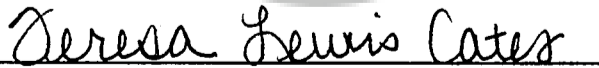
That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not exceed the sum of \$ N/A
Dated 8.3.95

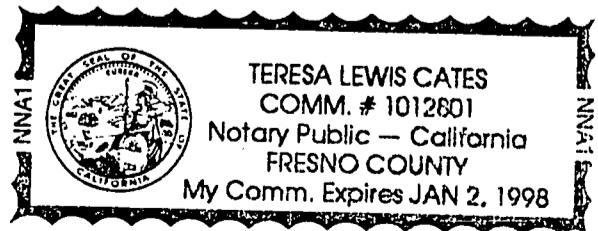
Assessor's Parcel No. 42-200-22

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of AUGUST


Genevieve L. Garcia


(Signature of Notary)



Mail tax statement to: Genevieve L. Garcia 2390 23rd Ave, Kingsburg, CA 93631

367782
BK 0895 PGO 963

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF HEALTH
FRESNO, CALIFORNIA

394100 02602

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY AND IN ALL PLACES WITHOUTS OF ALTERATIONS
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM		2. MIDDLE MACHADO		3. LAST (FAMILY) GARCIA	
4. DATE OF BIRTH MM/DD/CCYY 02/17/1930		5. AGE YRS. 64		6. SEX Male		7. DATE OF DEATH MM/DD/CCYY 06/09/1994	
8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -6154		11. MILITARY SERVICE 19 53 TO 19 55		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 12		14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Wells Fargo Bank	
17. OCCUPATION Banker		18. KIND OF BUSINESS Banking		19. YEARS IN OCCUPATION 38			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2390 - 23rd Avenue							
21. CITY Kingsburg		22. COUNTY Fresno		23. ZIP CODE 93631		24. YRS IN COUNTY 22	
25. STATE OR FOREIGN COUNTRY California							
26. NAME, RELATIONSHIP Genevieve L. Garcia (Wife)				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2390-23rd Avenue, Kingsburg, CA 93631			
28. NAME OF SURVIVING SPOUSE—FIRST Genevieve		29. MIDDLE Louise		30. LAST (MARRIED NAME) Cardoz		34. BIRTH STATE Az. Is.	
31. NAME OF FATHER—FIRST Joaquin		32. MIDDLE H.		33. LAST Garcia		36. BIRTH STATE Az. Is.	
35. NAME OF MOTHER—FIRST Louise		36. MIDDLE Constance		37. LAST (MARRIED) Azevedo			
39. DATE MM/DD/CCYY 06/14/1994		40. PLACE OF FINAL DISPOSITION Kingsburg Cemetery, Kingsburg, California					
41. TYPE OF DISPOSITIONS Burial		42. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		43. LICENSE NO. EMB7222			
44. NAME OF FUNERAL DIRECTOR Creighton Memorial Chapel		45. LICENSE NO. FD 497		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 06/13/1994	
101. PLACE OF DEATH St. Agnes Medical Center		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 Fresno	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1303 E. Herndon Avenue		106. CITY Fresno					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) STROKE						108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
109. TIME INTERVAL BETWEEN ONSET AND DEATH 1 WK.						110. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. DUE TO (B) METASTATIC LUNG CARCINOMA						111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. DUE TO (C)						112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input 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							
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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 01/21/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G039191		117. DATE MM/DD/CCYY 06/10/1994	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS AND ZIP Peter S. Wittlinger, MD, 7130 N. Millbrook, Fresno, CA 93720		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" 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)					
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							
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. #	
						CENSUS TRACT	

167985

STATE OF CALIFORNIA
COUNTY OF FRESNO

} SS

DATE ISSUED

AUG 30 1994

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, FRESNO CO. DEPARTMENT OF HEALTH.

367782

[Signature]
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

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