

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name

Street Address

City & State

✓ LARAINÉ WOITKE
1035 KENMORE LANE
SANTA ROSA, CA 95407

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Declaration of Fact of Death of Joint Tenant or Life Tenant

I, Laraine Woitke, declare:

- 1. I am Eighteen (18) years of age or older.
- 2. Attached hereto is a certified copy of the Certificate of Death for Richard Woitke
- 3. The decedent, named in the Certificate of Death, is the same person as Richard Woitke

named as one of the parties in the deed dated March 23, 1984, executed by Felipa C. Carrillo, Richard Woitke and Mary Woitke, and Laraine Woitke, as Joint Tenants

and recorded on May 17, 1987, in Book 384, page 2823 & 2824, of Official Records of Douglas County, Nevada, as Instrument No. 098993, concerning the real property located in Douglas County, Nevada, with the legal and common description as follows:

SEE DESCRIPTION SHEET ATTACHED HERETO AND MADE A PART HEREOF.

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

Laraine Woitke
Laraine Woitke Signature

August 14, 1995
Date

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of the suitability of these forms in any specific transaction.

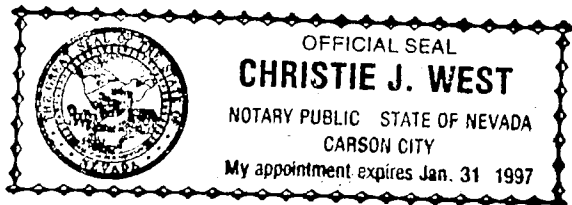
Cowdery's Form No. 57 - DECLARATION OF FACT OF DEATH - Death of Joint Tenant - (C.C.P. Sec. 2015.5) (Rev. 7/92) (Acknowledgement Rev. 1/93)

368285

BK0895PG2084

Nevada
STATE OF ~~CALIFORNIA~~
COUNTY OF Carson City

On August 14, 1995 before me, Christie J. West, personally appeared Laraine Woitke, personally known to me (or proved on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed in the within instrument and acknowledged 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.

Christie J. West
Notary public in and for said State.

HOUSE RECORDS BK 895 PG 2084A 368285

CERTIFICATION OF VITAL RECORD

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

OR
IN
MANENT
K INK

069481

I.D. TAG NO.

02158

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

Vital Records Unit
CERTIFICATE OF DEATH

136-

90-008139

State File Number

DECEDENT

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POSITION

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1. DECEDENT'S NAME First: Richard Middle: Paul Last: WOITKE			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 12, 1990	
4. SOCIAL SECURITY NUMBER 9622	5a. AGE - Last Birthday (Years) 79	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Germany	7. DATE OF BIRTH (Month, Day, Year) January 9, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) University Hospital South		9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Painter		10b. KIND OF BUSINESS/INDUSTRY Painting		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Mary Voitke
13a. RESIDENCE - STATE Oregon	13b. COUNTY Clackamas	13c. CITY, TOWN, OR LOCATION West Linn		13d. STREET AND NUMBER 2348 Appaloosa Way	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97068	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12
17. FATHER - NAME first middle last Josef Voitke		18. MOTHER - NAME first middle maiden Karoline Chudoba		19. INFORMANT - NAME and relationship to deceased Laraine Voitke (Daughter)	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sacred Heart Cemetery		20c. LOCATION - City or Town, State Lake Oswego, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Brian M. Sutton</i>		21b. LICENSE NUMBER (Of Licensee) 3111	22. NAME, ADDRESS AND ZIP OF FACILITY Young's Funeral Home 11831 SW Pacific Hwy Tigard, OR 97068		
23. DATE FILED (Month, Day, Year) APR 24 1990			24. REGISTRAR'S SIGNATURE <i>William W. Bloom</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER		
27. TIME OF DEATH 11:09 A. M.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Corey Arcelay</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		
30. DATE SIGNED (Month, Day, Year) 4-15-90		33. DATE SIGNED (Month, Day, Year) COUNTY		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Corey Arcelay, M.D. 3181 SW Sam Jackson Park Rd. Portland, Oregon 97201				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) G. SEGAL, M.D.				
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death		
PART I (a) PERITONITIS DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(b) PERFORATED VISCUS DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) METASTATIC ADENOCARCINOMA OF THE COLON		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

JUL 21 1992

368285

DATE ISSUED

BK 0895 PG 2085

EDWARD J. JOHNSON II,
STATE REGISTRAR



DESCRIPTION SHEET

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

That portion of the Northeast Quarter of the Northwest Quarter of Section 26, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

COMMENCING at the one-quarter corner common to Sections 23 and 26 in said Township and Range; thence North $89^{\circ}46'$ West along the North line of the Northwest Quarter of said Section 26 a distance of 655.20 Feet; thence South $0^{\circ}08'$ West a distance of 131.62 Feet to the True Point of Beginning; thence South $0^{\circ}08'$ West a distance of 118.09 Feet; thence North $89^{\circ}59'10''$ West a distance of 163.81 Feet to a point on the East line of an existing roadway; thence North $0^{\circ}08'$ East a distance of 75.23 Feet along said roadway; thence North $75^{\circ}21'30''$ East a distance of 169.40 Feet to the True Point of Beginning.

A.P.N. 07-100-10-2

SUBJECT TO an easement for roadway and utility purposes along the Easterly 15 Feet of said parcel as more fully set forth in Deed recorded September 30, 1959, in Book E-1 of Deeds, Page 507, Official Records of Douglas County, State of Nevada.

TOGETHER WITH two (2) easements 15 feet in width for roadway and utility purposes, the centerline of which are described as follows:

EASEMENT A: Beginning at a point on the Northwesterly line of Parcel 2 as described in Deed recorded September 30, 1959, in Book E-1 of Deeds, Page 507; said point lying South $75^{\circ}21'30''$ West a distance of 29.62 feet from the Northeast corner of said Parcel 2; thence North $17^{\circ}40'30''$ West a distance of 82.81 feet; thence North $6^{\circ}08'$ East a distance of 11.15 Feet to a point on the southerly line of Kingsbury Grade.

EASEMENT B: Beginning at a point on the easterly line of said Parcel 2, said point lies North $0^{\circ}08'$ East a distance of 7.5 Feet from the Southeast corner of said parcel 2; thence South $89^{\circ}46'$ East a distance of 163.80 Feet.

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BKD 895 PG 2086

COPY

REQUESTED BY
Laraine Waitke
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 AUG 14 P12:06

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LINDA SLATER
RECORDER
PAID 11.00 DEPUTY KZ