

RECORDING REQUESTED BY  
Attorney

AND WHEN RECORDED MAIL TO:

Name  
Street Address  
City State Zip

Bruce Albion Bailey, Esq.  
1800 Trousdale Drive  
Burlingame, California  
94010

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Grant Deed

GD 864 ID

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:

Documentary transfer tax is \$ none; deed by trust between parent and child # 8

- Computed on full value of property conveyed, or
- Computed on full value less value of liens and encumbrances remaining at time of sale.
- Unincorporated area:  City of \_\_\_\_\_, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, ROBERT EDWARD ARNOLD, JR. and MARK DANIEL ARNOLD, Co-Trustees of THE ARNOLD LIVING TRUST, dated February 20, 1995

hereby GRANT(S) to ROBERT EDWARD ARNOLD, JR. and MARK DANIEL ARNOLD, as Tenants in Common

the following described real property in the County of Douglas, State of ~~California~~ Nevada:

SEE ATTACHED EXHIBIT "A"

Dated August 22, 1995

State of California  
County of SAN FRANCISCO

On August 22 1995  
before me, MITCHELL TANNENBAUM

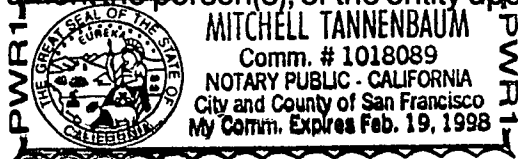
*Robert Edward Arnold, Jr.*  
ROBERT EDWARD ARNOLD, JR.

*Mark Daniel Arnold*  
MARK DANIEL ARNOLD

personally appeared ROBERT EDWARD ARNOLD, JR. and MARK DANIEL ARNOLD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to 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

Signature Mitchell Tannenbaum



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow, Loan or Attorney File No. \_\_\_\_\_

MAIL TAX STATEMENTS TO:

NAME

ADDRESS

370630

BK0995PG2508

CITY, STATE, ZIP

ASSESSORS PARCEL NO

**EXHIBIT A**

Property situate in the County of Douglas, State of Nevada, described as follows:

Unit A of Condominium No. 68, being all of Lot 68, located in Tahoe Village Unit 1, recorded February 22, 1979, as Document No. 30115, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an undivided one-fourth (1/4) interest in and to that portion of Lot 68 designated as Common Area, as set forth on the Map of Condominium No. 68, recorded February 22, 1979, as Document No. 30115, Official Records of Douglas County, State of Nevada.

ASSESSOR'S PARCEL NO. 40-150-02-1

**370630**

**BK0995PG2509**

# CERTIFICATE OF DEATH

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

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>Robert</b>			2. MIDDLE <b>Edward</b>			3. LAST (FAMILY) <b>Arnold Sr.</b>									
	4. DATE OF BIRTH MM/DD/CCYY <b>11/02/1924</b>		5. AGE YRS. <b>70</b>		IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES		6. SEX <b>Male</b>	7. DATE OF DEATH MM/DD/CCYY <b>02/24/1995</b>		8. HOUR <b>2200</b>				
	9. STATE OF BIRTH <b>Colorado</b>		10. SOCIAL SECURITY NO. <b>2483</b>		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE			12. MARITAL STATUS <b>Widowed</b>		13. EDUCATION —YEARS COMPLETED <b>16</b>						
	14. RACE <b>Caucasian</b>			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>Self Employed</b>			17. OCCUPATION <b>Artist</b>			18. KIND OF BUSINESS <b>Fine Arts Painter, Oils and Watercolors</b>		19. YEARS IN OCCUPATION <b>40</b>	
	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>1304 Masonic Avenue</b>															
<b>USUAL RESIDENCE</b>	21. CITY <b>San Francisco</b>			22. COUNTY <b>San Francisco</b>			23. ZIP CODE <b>94117</b>		24. YRS IN COUNTY <b>46</b>		25. STATE OR FOREIGN COUNTRY <b>California</b>					
	26. NAME, RELATIONSHIP <b>Robert Edward Arnold Jr. Son</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1304 Masonic Ave. San Francisco, Ca. 94117</b>									
<b>SPOUSE AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>			29. MIDDLE <b>-</b>			30. LAST (MAIDEN NAME) <b>-</b>			31. NAME OF FATHER—FIRST <b>Charles</b>			32. MIDDLE <b>-</b>	33. LAST <b>Arnold</b>		34. BIRTH STATE <b>CO</b>
	35. NAME OF MOTHER—FIRST <b>Maria</b>			36. MIDDLE <b>-</b>			37. LAST (MAIDEN) <b>Artuso</b>			38. BIRTH STATE <b>Italy</b>						
	39. DATE MM/DD/CCYY <b>03/03/1995</b>		40. PLACE OF FINAL DISPOSITION <b>San Joaquin Valley National Cemetery, Gustine, California</b>													
	41. TYPE OF DISPOSITION(S) <b>BU</b>			42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>						43. LICENSE NO. <b>-</b>						
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	44. NAME OF FUNERAL DIRECTOR <b>Halsted N. Gray-Carew &amp; English</b>			45. LICENSE NO. <b>FD 334</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			47. DATE MM/DD/CCYY <b>02/28/1995</b>							
	101. PLACE OF DEATH <b>VA Medical Center</b>			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 <b>San Francisco</b>						
<b>PLACE OF DEATH</b>	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>4150 Clement Street</b>						106. CITY <b>San Francisco</b>									
	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						
<b>CAUSE OF DEATH</b>	IMMEDIATE CAUSE (A) <b>Gram Negative Sepsis</b>							Days								
	DUE TO (B) <b>Obstructive Cholangitis</b>							Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	DUE TO (C) <b>Metastatic Prostate Carcinoma</b>							Months		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 type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Hypertension, Pneumonia</b>																
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>																
<b>PHYSICIAN'S CERTIFICATION</b>	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    DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>10/24/1990    02/24/1995</b>			115. SIGNATURE AND TITLE OF CERTIFIER <b>Molly A. Petroni MD</b>			116. LICENSE NO. <b>A057253</b>		117. DATE MM/DD/CCYY <b>02/25/95</b>							
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>MOLLY A. PETRONI, M.D., VAMC, SAN FRANCISCO, CA. 94121</b>						120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY		122. HOUR	123. PLACE OF INJURY					
<b>CORONER'S USE ONLY</b>	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			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)												
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)															
	126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>						127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>370630</b>							
<b>STATE REGISTRAR</b>	A    B    C    D    E    F    G    H								FAX AUTH. #		CENSUS TRACT					
	<b>BK0995P62510</b>															

COOPY

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS  
A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

REQUESTED BY  
Bruce Albion Bailey  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

DATED:

*Sandra R. Hernandez*

'95 SEP 18 AM 11:45

02/23/1995

SANDRA R. HERNANDEZ, M.D.  
HEALTH OFFICER  
AND LOCAL REGISTRAR

LINDA SLATER  
RECORDER

SAN FRANCISCO, CALIFORNIA

1000 PAID *K2* DEPUTY

370630

BK 0995 PG 25 1 11