

Recording Requested By
AND WHEN RECORDED MAIL TO

✓ Richard L. Ehrman, Esq.
THOITS, LOVE, HERSHBERGER & McLEAN
245 Lytton Avenue, Suite 300
Palo Alto, California 94301

MAIL TAX STATEMENTS TO

Julia P. Ruiz
893 Los Robles Avenue
Palo Alto, California 94306

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA,)
 } ss.
COUNTY OF SANTA CLARA)

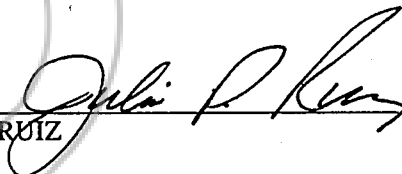
JULIA P. RUIZ, of legal age, being first duly sworn, deposes and says:

That NORMAN RUIZ, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NORMAN RUIZ named as one of the parties in that certain Joint Tenancy Deed dated July 16, 1985, executed by LORRAINE SLADEK to NORMAN RUIZ and JULIA P. RUIZ, as joint tenants, recorded as Instrument No. 120485, on July 22, 1985, in book 785, page 1822, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 6, Block 3, as shown on the map of Zephyr Heights Subdivision, filed in the Office of the County Recorder of Douglas County, Nevada, on July 5, 1947, as Document No. 5160.

AP #05-181-06-0

Dated: January 29, 1997



JULIA P. RUIZ

SUBSCRIBED AND SWORN TO before me

this 29th day of January 1997

Signature Romen Rey

ROMEN REY
Name (Typed or Printed)

0405979

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(This area for official notarial seal)

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

On this 29th day of January, 1997, before me
Romen Rey (name and title of officer),

personally appeared JULIA P. RUIZ,
_____ personally known to me
 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 she executed the same in her authorized
capacity, and that by her signature on the instrument the person,
or the entity upon behalf of which the person acted, executed the
instrument.

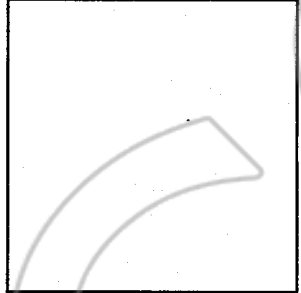
WITNESS my hand and official seal.

Romen Rey
Signature of Notary

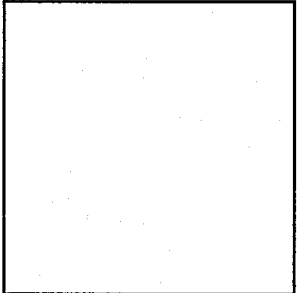


* Optional Information *
* *
* Capacity of Signer(s): *
* Individual(s) *
* Corporate Officer(s) *
* Titles: _____ *
* Limited Partner(s) *
* General Partner(s) *
* Signer(s) is/are Representing: _____ *

Signer's Right Thumb Print
Top of Thumb Print Here



Signer's Right Thumb Print
Top of Thumb Print Here



Signer's Name: _____

Signer's Name: _____

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CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Norman		3. LAST (FAMILY) RUIZ	
4. DATE OF BIRTH MM/DD/CCYY 05/03/1935		5. AGE YRS. 61	
6. SEX M		7. DATE OF DEATH MM/DD/CCYY 12/04/1996	
8. HOURS 2341		9. STATE OF BIRTH CA	
10. SECURITY NO. 7702		11. MILITARY SERVICE 52 TO 56	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 16	
14. RACE White		15. USUAL EMPLOYER Self employed	
17. OCCUPATION Owner		18. KIND OF BUSINESS Western Communications	
19. YEARS IN OCCUPATION 40		20. RESIDENCE—STREET AND NUMBER OR LOCATION 893 Los Robles Ave.	
21. CITY Palo Alto		22. COUNTY Santa Clara	
23. ZIP CODE 94306		24. YRS IN COUNTY 38	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Julia Ruiz, wife	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 893 Los Robles Ave., Palo Alto, Ca. 94306		28. NAME OF SURVIVING SPOUSE—FIRST Julia	
29. MIDDLE Pauline		30. LAST (MAIDEN NAME) Caudillo	
31. NAME OF FATHER—FIRST Phillip		32. MIDDLE RUIZ	
33. LAST RUIZ		34. BIRTH STATE HI	
35. NAME OF MOTHER—FIRST Adalia		36. MIDDLE CRUZ	
37. LAST (MAIDEN) CRUZ		38. BIRTH STATE HI	
39. DATE, MM/DD/CCYY 12/11/1996		40. PLACE OF FINAL DISPOSITION Alta Mesa Cemetery, Palo Alto, Ca. 94306	
41. TYPE OF DISPOSITIONS BURIAL		42. SIGNATURE OF EMBALMER <i>John Sanchez</i>	
43. LICENSE NO. 7984		44. NAME OF FUNERAL DIRECTOR Roller Haggood Tinney	
45. LICENSE NO. FD 132		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D Fensterstheib MD</i>	
47. DATE MM/DD/CCYY 12/09/1996		101. PLACE OF DEATH Residence	
102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV./HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY Santa Clara		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 893 Los Robles Avenue	
106. CITY Palo Alto		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Massive hemopericardium and cardiac tamponade	
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-340-001		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.	
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 BEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Martin D Fensterstheib MD</i>	
116. LICENSE NO.		117. DATE MM/DD/CCYY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		119. MANNER OF DEATH <input checked="" 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 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)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)	
126. SIGNATURE OF CORONER/DEPUTY CORONER <i>Massoud Yameghi</i>		127. DATE MM/DD/CCYY 12/05/1996	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Massoud Yameghi, M.D./Dep. Coroner		129. FAX AUTH. # 12730	

H
938091

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

DEC 13 1996

BY

Martin D. Fensterstheib MD

MARTIN D. FENSTERSTHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY

Thoits Louc etals

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 FEB -3 P4:12

0405979

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LINDA SLATER
RECORDER

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