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Recording Requested By:)
John B. Galvin, Esq.)

When Recorded Mail To:)
✓ John B. Galvin, Esq.)
P. O. Box 2670)
Reno, NV 89505-267)

Mail Future Tax Statements To:)
Nancy C. Nelson)
3817 S. Carson Street, #803)
Carson City, NV 89701)

Space Above for Recorder's Use

APN: 5-122-08-0

AFFIDAVIT OF DEATH BY SURVIVING JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF CARSON CITY)

NANCY C. NELSON, being first duly sworn, upon oath deposes and says:

- (1) Affiant is over the age of twenty-one years of age, legally competent and possessed of her rights.
- (2) CARROLL ROSE WOODLIEF, the decedent mentioned in the certified copy of Certificate of Death attached hereto, which certified copy hereby is incorporated herein and made a part hereof, was the same person as CARROLL ROSE WOODLIEF, named as one of the parties in that certain Joint Tenancy Deed recorded October 11, 1984, as Document No. 108596, by and between CARROLL ROSE WOODLIEF, an unmarried woman, as Grantor, which Deed conveyed

to CARROLL ROSE WOODLIEF, an unmarried woman, and NANCY C. NELSON, an unmarried woman, as Joint Tenants, that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot Number 3, in Block D, as delineated on that certain map entitled Amended Map of Subdivision No. 2, Zephyr Cove Properties, Inc., in Sections 9 and 10, T. 13N., R. 18E., M.D.B. & M., filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 5, 1929.

Affiant, NANCY C. NELSON, knows of her own knowledge, and hereby states the fact to be that CARROLL ROSE WOODLIEF died in the City of Moraga, County of Contra Costa, State of California, on July 12, 1997 and, further, that at the time of her death the said CARROLL ROSE WOODLIEF was the co-holder, together with Affiant, as Joint Tenants, of the obligations secured by the aforesaid Deed, and that the said decedent had not prior to the time of death conveyed or transferred her interest in said obligations or the said Deed.

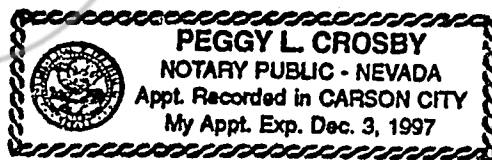
DATED: This 6th day of November, 1997.

Nancy C. Nelson
NANCY C. NELSON

Subscribed and sworn to before me

this 6th day of November, 1997.

Peggy L. Crosby
NOTARY PUBLIC



Woodlief.carrollvaff-djt\DOCS#4705
7015-1 10/21/97.dkh

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

39707003383

STATE FILE NUMBER _____ STATE OF CALIFORNIA LOCAL REGISTRATION NUMBER _____
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/98)

1. NAME OF DECEDENT—FIRST (GIVEN) CARROLL			2. MIDDLE ROSE			3. LAST (FAMILY) WOODLIEF			
4. DATE OF BIRTH M/M/DD/C/YY 11/26/1920		5. AGE YRS. 76		6. SEX F		7. DATE OF DEATH M/M/DD/C/YY 07/12/1997		8. HOUR 1330	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 3061		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS DIVORCED		13. EDUCATION—YEARS COMPLETED 12	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED		17. OCCUPATION HOMEMAKER		18. YEARS IN OCCUPATION 56	
19. KIND OF BUSINESS OWN HOME		20. RESIDENCE—STREET AND NUMBER OR LOCATION 615 LAKESHORE BOULEVARD		21. CITY MARLA BAY		22. COUNTY DOUGLAS CITY		23. ZIP CODE 89448	
24. YRS IN COUNTY 15		25. STATE OR FOREIGN COUNTRY NV		26. NAME, RELATIONSHIP NANCY NELSON - DAUGHTER		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3817 S. CARSON ST., #803, CARSON CITY, NV 89701			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -		31. NAME OF FATHER—FIRST JOHN		32. MIDDLE FRANCIS	
33. LAST TULLOCK		34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST ROSE		36. MIDDLE FRANCES		37. LAST (MAIDEN) FLANAGAN	
38. BIRTH STATE CA		39. DATE M/M/DD/C/YY 07/16/1997		40. PLACE OF FINAL DISPOSITION RES: NANCY NELSON, 3817 S. CARSON ST., #803, CARSON CITY, NV					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -		44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NO. CA.		45. LICENSE NO. 1354	
46. SIGNATURE OF LOCAL REGISTRAR <i>Wendell Brunner</i>		47. DATE M/M/DD/C/YY 07/16/1997		101. PLACE OF DEATH RHEEM VALLEY CONVALESCENT		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL CONTRA COSTA	
104. COUNTY CONTRA COSTA		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 348 RHEEM VALLEY BOULEVARD		106. CITY MORAGA		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IMMEDIATE CAUSE (A) CARDIAC ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH MIN	
DUE TO (B) DEHYDRATION & MALNUTRITION		DUE TO (C) METASTASES		DUE TO (D) CANCER OF THE KIDNEY		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 DECEASED LAST SEEN ALIVE M/M/DD/C/YY 09/24/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>George Cobb</i>		116. LICENSE NO. 64975		117. DATE M/M/DD/C/YY July 15, 97		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP GEORGE COBB, M.D., 3501 SCHOOL ST., LAFAYETTE, CA 94549	
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 checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY		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, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C		D	
E		F		G		H		PAX AUTH. # 9798 KS	
CENSUS TRACT									

426 220
BK 1197 PG 2433

075.718

CERTIFIED COPY OF VITAL RECORDS

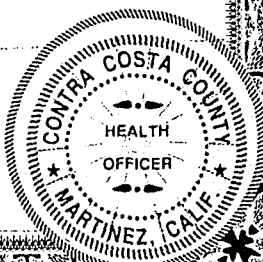
STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA }

SS DATE ISSUED **07/22/1997**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner (M)
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
John B Galvin
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 NOV 13 A10:58

0426219

BK 1197PG2434

LINDA SLATER
RECORDER
\$10⁰⁰ PAID 12 DEPUTY