ESCROW NO. 98022612

## **AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.
LOUISE A. MARTIN, of legal age, being first duly sworn, deposes and says of Certificate of Death, is the same person asSTANLEY L. MARTIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person asSTANLEY L. MARTIN
named as one of the parties in that certain DEED dated October 14, 1976 executed by STANLEY L. MARTIN, INC. to STANLEY L. MARTIN and LOUISE A. MARTIN
as joint tenants, recorded as Instrument No. 03979 , on October 15, 1976 in Book 1076 , Page 647 , of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the DOUGLAS County, State of Nevada:
Lot 61, as shown on the map entitled 'CAVE ROCK ESTATES, UNIT NO. 2", filed for record in the office of the County Recorder of Douglas County, Nevada, on July 29, 1968, as Document No. 41604.
Assessors Parcel No. 0000-03-112-130
DATE: November 10, 1998  Aprile G. Martin  LOUISE A. MARTIN
STATE OF NEVADA  SS.  MARILYN L. BIGHAM Notary Public - State of Nevada Appointment Recorded in Dauglas County No: 95-00364-5 • EXPIRES NOV. 6, 1999 No: 95-00364-5 • EXPIRES NOV. 6, 1999
This instrument was acknowledged before me on 12/5/98  LOUISE A. MARTIN  (This area above for official notarial seal)
Signature Notacy Public
RECORDING REQUESTED BY:  STEWART TITLE COMPANY  WHEN RECORDED MAIL TO:
ርጥ ው ነው ነ

0456411 BK1298PG3115

## CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

Registrar of Vital Statistics Deputy Registrar NOV 20 1992

El Dorado County, California

	CERTIFICATE OF DEATH			3-92-09-	3-92-09-000530		
	STATE FILE NUMBER		CK INK ONLY	الكالمان والمستوالي والمراقل والمراقل	N DISTRICT AND CERTIFICATE NUMBER		
	1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEA	TH-Mo. DAY. YR 2B. HOUR 3. SEX		
	STANLEY	LOUIS	MARTIN	SEPTEMBER	11,1992   0447 M		
	4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH-M		IF UNDER 1 YEAR IF UNDER 24 HOURS		
			EEDDIIADV 12		MONTHS DAYS HOURS MINUTES		
	White	YESX	No FEBRUARY 13,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DECEDENT	8. STATE OF 9. CITIZEN OF WHAT BIRTH COUNTRY	10A. FULL NAME OF FATHER	108. STATE O	F 11A. FULL MAIDEN NAM	ME OF MOTHER 11B. STATE OF		
PERSONAL DATA	CA U.S.A.	Harold E.Martin	WI	Alma Crotte	aw MN		
אוא		SOCIAL SECURITY NO.			SPOUSE (IF WIFE, ENTER HAIDEN NAME		
		0010			11 of 2		
	19 57 TO 1963   NONE	8219	Married	<u>Louise Bidega</u>	III		
	16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D, YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED		
	Partner/Owner	Campground	Self-Employed	21	12		
	18A. RESIDENCE—STREET AND NUMBER		USI	18B. CITY	18C. ZIP CODE		
			<		1 201/2		
USUAL	283 Chukar Dr.			Cave Rock	89448		
RESIDENCE	18D. COUNTY	18E. NUMBER OF YEARS	18F. STATE OR FOREIGN CO	UNTRY 20, NAME, RELATION	SHIP, MAILING ADDRESS		
	Dôuglas	! 16	Nevada	Louise Mar			
	19A. PLACE OF DEATH	198. IF HOSPITAL SPEC		P.O.Box 10:			
	_	ONE: IP, ER/OP. DO	DA I	Zephyr Cov			
PLACE OF	Barton Memorial Hos		El Dorado	1			
DEATH	19D. STREET ADDRESS-STREET AND	NUMBER OR LOCATION 19E. CIT	ΓΥ \	I HIME HALLENAVE	WAS DEATH REPORTED TO CORONER?		
	4th and South Ave.	So.	Lake Tahoe	BETWEEN ONSET	X yes92-17831 No		
	21. DEATH WAS CAUSED BY: (ENT			23.	WAS BIOPSY PERFORMED?		
	IMMEDIATE Donding				T ves X No		
_	IMMEDIATE (A) Pending	_/	1		YES NO NO NAS AUTOPSY PERFORMED?		
CAUSE	/	/	/- / /	244			
DEATH	DUE TO (B)	/	1		X YES NO		
	BUE 10		1	245	. WAS IT USED IN DETERMINING CAUSE		
		1	\ \		OF DEATH?		
	DUE TO (C)  A YES NO  25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 28. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 2						
	25. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELAT	ED TO CAUSE GIVEN IN 21 26.	IF YES, LIST TYPE OF OPERATION			
	_ \	\	1 1				
	I CERTIFY THAT TO THE BEST OF MY KNO		RE AND DEGREE OR TITLE OF C	ERTIFIER 27C. CERTIFIER'S	LICENSE NUMBER 27D. DATE SIGNED		
PHYSI-	OCCURRED AT THE HOUR, DATE AND PLA CAUSES STATED.	CE STATED FROM THE	/ /		"		
CIAN'S	27A. DECEDENT ATTENDED SINCE DECEL		TENDING PHYSICIAN'S NAM	E AND ADDRESS			
CERTIFICA-	MONTH, DAY, YEAR M	ONTH, DAY, YEAR 27E. TYPE AT	TENDING PHISICIANS NAM	E AND ADDRESS			
/							
	I CERTIFY THAT IN MY OPINION DEATH		RE AND TITLE OF CORONER OR	DEPUTY CORONER	28B. DATE SIGNED		
/	THE HOUR, DATE AND PLACE STATED FO	ROM THE CAUSES		Danuty	Coroner 9-14-92		
CORONER'S	29. MANNER OF DEATH—specify one; natura	il, accident, 30A. PLACE OF INJURY	marase		C. DATE OF INJURY 31, HOUR		
USE	suicide, homicide, pending investigation or could not	be determined			MONTH, DAY, YEAR		
ONLY	Natural	(N		YES NO			
	32. LOCATION (STREET AND NUMBER OR	LOCATION AND CITY)	33. DESCRIBE	HOW INJURY OCCURRED (EV	ENTS WHICH RESULTED IN INJURY)		
\	\						
<del></del>	34A. DISPOSITION(S) 34B, PLACE OF	FINAL DISPOSITION NAME AND ADD	RESS 34C, DATE	35A. SIGNATURE O	F EMBALMER 35B. LICENSE		
FUNERAL.	Happy	Homestead Cemetery	Mo, DA	Y. YEAR O + 17	NUMBER		
DIRECTOR		e Tahoe,CA	9-15-9	<u> </u>	ecllis i 6466		
LOCAL	36A. NAME OF FUNERAL DIRECTOR (OR P	erson acting as such)   36B. LICEN	ISE NO. 37. SIGNATURE OF		198 38. REGISTRATION DATE		
REGISTRAR	McFarlane Mortuary	FD-118	10 \ Lintiso.	E alerdney M	9-14-92,M.Mc		
CTATE	A. B.		2116 [ [	564 F	CENSUS TRACT		
REGISTRAR		* BK 1298 PG	3110   34	I			
			·····	I	1		
				4			

## CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D. SEAL

ardis Wise

NOV 20 1992

Registrar of Vital Statistics
El Dorado County, California

Date

## PHYSICIAN/CORONER'S AMENDMENT FORM

		<i>-</i>	INITIADIMETAL LO	1 1141	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			-MAKE NO ERASURES, WHITEOUTS	3-9	92-09-000530
STATE F	ILE NUMBER			LOCAL REGISTRATION	DISTRICT AND CERTIFICATE NUMBER
INFORMATION AS REPORTED	1A. NAME—FIRST	(GIVEN)	MIDDLE	1C. LAST (FAMIL	
ON	Stanley	<u>_</u>	Louis	Martin	i M UNTY OF OCCURRENCE
ORIGINAL	i	T-MONTH, DAY, YEAR	3A. CITY OF OCCURRENCE	1	
CERTIFICATE	September	11, 1992	So. Lake Tah	oe E	l Dorado
	4. CERTIFICATE 5A. INCOMENTAL INC	PRRECT INFORMATION ON	ORIGINAL CERTIFICATE	58. INFORMATION AS IT	SHOULD BE STATED
	21.(A) Pend	ing		Severe atheroscl	erotic coronary
				Artery disease	
				1	
					2 of 2
	<u></u>	/			
LIST ONE			\		
ITEM PER LINE					
				-	
	/ 3				
		//_		/	
				<del></del>	
	/			<del> </del>	
/ /					
/ /	<del></del>				
				<del></del>	
\ \					<u> </u>
\ '					
	\ -			<i>Y</i>	
		/ /	7A. SIGNATURE OF CERTIF		17B. DATE SIGNED
DECLARATION	6. HAVING PERS	SONAL KNOWLEDGE O	E Chi	Final	10-14-92
OF	THE INFORMATION	ORMATION WHICH MODIFIE ORIGINALLY REPORTED.	INGA. NAME OF CERTIFIE	PRINT OR TYPE)	88. DEGREE OR TITLE
CERTIFYING PHYSICIAN	ABOVE INFORMATION	NALTY OF PERJURY THAT TH N IS TRUE AND CORRECT T	Dennis Small	1	Coroner Deputy
OR CORONER	THE BEST OF MY KNOWLEDGE.		BC. ADDRESS-STREET		BD. CITY BE. STATE
	-		300 Fair La	ne	Placerville CA
	9. OFFICE OF STATE	REGISTRAR OR SIGNATURE O	F LOCAL (BGISTEAR		TED FOR REGISTRATION
STATE/LOCAL REGISTRAR USE ONLY	2. 0	- 1 / MA	047041	1	
	Cutio	Ealerdone MS.		I NCT	1 5 1992
			<u>'` RV I 9 Q Q DC</u>	2117	<del></del>
TATE OF CALIFORNIA,	DEPARTMENT OF HEALTH SET	RVICES, OFFICE OF STATE REGISTRAR	リカーとうのでし	JII/	VS 24A (Rev. 3/90)

REQUESTED BY STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO.. NEVADA DEC 11 P3:22 LINDA SLATER
RECORDER 0456411

BK 1298PG3118

PAID KODEPUTY