ESCROW NO. 99071662

3415 Portsmouth Dr.

Rocklin, Ca. 95765

AFFIDAVIT - DEATH OF JOINT TENANT

	· · · · · · · · · · · · · · · · ·
STATE OF NEVADA }	
COUNTY OF DOUGLAS ss.	
That ALBERT JOHNSON , the decedent of Certificate of Death, is the same person as ALBERT R. JOHNSON	being first duly sworn, deposes and says: nt mentioned in the attached certified copy
	lated March 11, 1991
executed by WESTERN NEVADA PROPERTIES, INC., a Nev	
to ALBERT R. JOHNSON and BARBARA G. JOHNSON, hu	
	igust 27, 1991
in Book_891 , Page_4584 , of Official Records of	DOUGLAS
County, Nevada, covering the following described property situated in the DC	DUGLAS
County, State of Nevada:	
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PAR	RT HEREOF
DATE: July 14, 1999	websta H. Difension
_	ARBARA G. JOHNSON
	L. HENDRICK
STATE OF Nevada }	93 - 2710 - 5 NOTARY PUBLIC - NEVADA
COUNTY OF DOUGLAS ss.	DOUGLAS COUNTY My appointment expires Apr. 29, 2001
This instrument was acknowledged before me on 8-13-99 BARBARA G. JOHNSON	***************************************
2 1 1	(This area above for official notarial seal)
Signature Notary Public	
RECORDING REQUESTED BY:	
STEWART TITLE COMPANY	
WHEN RECORDED MAIL TO:	
BARBARA G. JOHNSON	

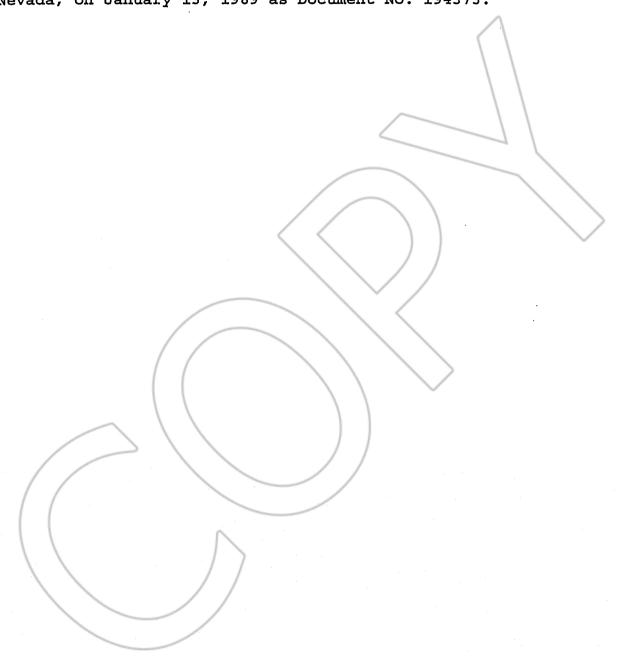
0474878 BK0899PG3640

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 99071662

Lot 122, in Block B, as set forth on the map of WINHAVEN, UNIT NO. 1, A Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No. 194373.



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH**

'	LOCAL FILE	NUMBER	'				,	STATE	STATE FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First		Middle Last		DATE OF DEATH	(Month, Day, Year)	CC	COUNTY OF DEATH		
IN PERMANENT BLACK INK	1. Albert		JOHNSON HOSPITAL OR OTHER INSTITUTION—Name (III not either, give stre		2. April	28,1999		3a.Douglas		
	3b. Minden		3c. 1033 Wisteria Drive		Rm. Inpatient (Specify) 3e.		ily)	4 Male		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Vas Decedent of Hispanic Orlgin? Specify ☐ yes ☐ no If yes pecify Mexican, Cuban, Puerto Rican, etc.			AGE—Last UNDER 1 YEAR MOS DAYS		MINS	OF BIRTH (Mo., Day, Yr.)	
j	5. White	6	I. CITIZEN OF WHAT COU	IN Decedent's Educa-	tion. Specify highest	7b. MARRIED, NEV	7c.		ober 2, 1920	
IF DEATH OCCURRED IN	(If not U.S.A., name country)		TRY grade completed.			WIDOWED, DIV		SURVIVING S	VIVING SPOUSE (If wife, give maiden name)	
INSTITUTION SEE HANDBOOK	9a Wisconsin		9b. U.S.A. 10. 13			(Specify) Mar			arbara G. Hefter	
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER		Working Life, Even if Retired)					ESS OR INDUSTRY		
RESIDENCE ITEMS	ETBUS 13. 4933 14a. Tool Design Engineer 14b. Airli							ine Industry		
									INSIDE CITY LIMITS (Specify Yes or No)	
	> 15a. Nevada	15b.	Douglas	15c. Minde			1033 Wiste		15e. Yes	
PARENTS	FATHER—NAME	First	Middle	Last	MOTHER-MAIDI	EN NAME	First	Middle	Last	
de la constante		arry		Johnson 🧪	17.		thryn		Brandau	
	INFORMANT—NAME (T	ype or Print)		MAILING AE	DDRESS	(Street or i	R.F.D. No., City or Tow	n, State, Zip)		
	18a. Barbara					a Drive,	Minden, N			
	BURIAL, CREMATION, F	REMOVAL, OTHER	(Specify) CEMET	ERY OR CREMATORY—	NAME Walto	n's	LOCATION	City or Town	State	
DISPOSITION	19a. Crematio	n .		Carson Sier	ra Cremat	ory 🌽	19c. (Carson C	City, Nevada	
Ciercenton	FUNERAL DIRECTOR— (Or Person Acting as Su	SIGNATURE	FUNER. LICENS	AL DIRECTOR NAME E NUMBER	AND ADDRESS OF F	ACILITY Walt	on's Dougl	las Cour	ity Mortuary	
l (20a. ➤ MMM	41 Jun	V 28b.	9 20c. 1	478 Fourt	h_Street	. Minden,	Nevada	89423	
 	21a To the best of due to the ca	of my knowledge, d	eath occurred at the time, d	late and place and		22a. On the basis of	of examination and/or in	nvestigation, in my	y opinion death occurred nd manner stated.	
	ו טב	/	(with B	· De	- ΜΛ 20 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	(Signature and Title				
	DATE SIGNE	D (Mo., Day, Yr.)	HOUR OF	DEATH	s Office	DATE SIGNED (M	o., Day, Yr.)	HOUR OF DEA	NTH	
	55 21b. 4/	30/99	HOUR OF DEATH 21c. 2335 CIAN IF OTHER THAN CERTIFIER (Type or Print)			22b.	h.	22c.		
CERTIFIER	Signature of Signa	ITENDING PHYSIC	CIAN IF OTHER THAN CER	ATIFIER (Type or Print)	နိုင်	PRONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCE	DEAD (Hour)	
)		1000000 of 050	7.5.50 (0) (0.001) 4775	NONE DINGISIAN AG		22d. ON	0/	22e. AT	NOT NUMBER	
			RTIFIER (PHYSICIAN, ATTE		- N				NSE NUMBER	
_	23a Dr.	C. B. D	<u>eFriez, 809</u>	North Plaz	a St., Ca	rson Cit	y, NV 8970)3 23b.	2007	
CONDITIONS IF ANY			عد الله ا	~	7. 1 7 1	ISTHAH (MO., Day,	-		E DISEASE	
WHICH GAVE RISE TO	24a. (Signature)	ya_	Mente	24b.	masil	T 7T	24c. YES	МОЙ		
IMMEDIATE CAUSE	25. IMMEDIATE CAUSE	A CONTER ON	ILY ONE CAUSE PER LINE		. 0			Interval	I between onset and death	
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a)	-a-rdiap	ulmonary	Arrest				:10	minutes	
CAUSE LAST	DUE TO,	OR AS A CONSE	QUENCE OF:		///			•	I between onset and death	
	(5)	Lung	Cancer			 		<u>: 3</u>		
/	DUE TO,	OR AS A CONSE	QUENCE OF:					• Interval	l between onset and death	
CAUSE OF	(c)						T	:		
DEATH	PART OTHER SIGN	NIFICANT CONDIT	IONS—Conditions contribut	ing to death but not result	ling in the underlying c	ause given in Part 1	AUTOPSY (S		ASE REFERRED TO IER (Specify Yes or No)	
							26. No	27.	Yes	
	ACC., SUICIDE, HOM., I OR PENDING INVEST.	UNDET., DATE C	OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY	DESCRIBE HOW IN	JURY OCCURRED				
\	(Specify) 28a.	28b.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		28d.					
\ \	INJURY AT WORK (Specify Yes or No)	PLACE	OF INJURY—At home, far building, etc. (m, street, factory, office Specify)	LOCATION.	STREET OR	R.F.D. No.	CITY OR TOWN	STATE	
1	28e.	281.			28g.					
\			77						145222	
		1.	STATE F	REGISTRAR			1	No.	140222	
7	1 (011/2) 1: 10 h									
7							j			

This is to certify that the above is a true and correct copy of the certificate on file in this office. MAY 0 3 1999

Date Issued:

0474878 State Registrar

REQUESTED BY

ITLE of DOUGLAS COUNTY IN OFFICIAL RECORDS OF DOUGLAS OF LIFTADA

1999 AUG 19 PM 2: 53

LINDA SLATER RECORDER

0474878

BK0899PG3643