

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME  
STREET ADDRESS  
CITY, STATE & ZIP CODE  
TITLE ORDER NO. ESCROW NO.

Brian Wright  
c/o Margo Wright  
2032 Eucalyptus Ave.  
San Carlos, CA 94070

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

MARGARETTE WRIGHT, of legal age, being first duly sworn, deposes and says:  
That FRED W. WRIGHT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRED W. WRIGHT named as one of the parties in that certain DEED dated NOVEMBER 8, 1983, executed by BANK OF CALIFORNIA TRUSTEE AND DOUGLAS COUNTY TITLE CO., INC. TRUSTEE to FRED W. AND MARGARETTE WRIGHT, A MARRIED COUPLE as joint tenants, recorded as Instrument No. 92661, on NOVEMBER 8, 1983, in Book 1183, Page 890, of the Official Records in the Office of the County Recorder of DOUGLAS County, State of NEVADA, concerning the following described real property situated in the City of STATELINE, County of DOUGLAS, State of NEVADA:

PARCEL 7-130-19 (REFER TO ATTACHED LEGAL DESCRIPTION FROM DEED)

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ \_\_\_\_\_.  
Dated SEPTEMBER 1, 1999.

Margarette Wright  
(SIGNATURE OF JOINT TENANT)  
MARGARETTE WRIGHT  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

\_\_\_\_\_  
(SIGNATURE OF JOINT TENANT)  
\_\_\_\_\_  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 1<sup>ST</sup> day of SEPTEMBER, 1999.  
Sean R. Smith  
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO:

WOLCOTTS FORM 300 - Rev. 8-94  
AFFIDAVIT - DEATH OF JOINT TENANT  
(price class 3A)  
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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH DEPARTMENT

SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH 3199941 002694

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) FRED		2. MIDDLE WILBUR		3. LAST (FAMILY) WRIGHT	
4. DATE OF BIRTH MM/DD/CCYY 05/30/1917		5. AGE YRS. 82		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 07/02/1999		8. HOUR 1722			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 7525		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 18			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER BART	
17. OCCUPATION INTERNAL AUDITOR		18. KIND OF BUSINESS PUBLIC TRANSPORTATION		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2032 EUCALYPTUS AVE.					
21. CITY SAN CARLOS		22. COUNTY SAN MATEO		23. ZIP CODE 94070	
24. YRS IN COUNTY 42		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP MARGARETE E. WRIGHT (SPOUSE)			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2032 EUCALYPTUS AVE., SAN CARLOS, CA 94070		
28. NAME OF SURVIVING SPOUSE—FIRST MARGARETE		29. MIDDLE E.		30. LAST (MAIDEN NAME) HORVATH	
31. NAME OF FATHER—FIRST WILBUR		32. MIDDLE —		33. LAST WRIGHT	
34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST CATHERINE		36. MIDDLE MARGARET	
37. LAST (MAIDEN) GRANT		38. BIRTH STATE CO			
39. DATE MM/DD/CCYY 07/08/1999		40. PLACE OF FINAL DISPOSITION SKYLAWN MEMORIAL PARK, SAN MATEO, CA 94402			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER <i>R. Dawn Hoppapel</i>		43. LICENSE NO. 8134	
44. NAME OF FUNERAL DIRECTOR WOODSIDE CHPL—CRIPPEN & FLYNN		45. LICENSE NO. FD 879		46. SIGNATURE OF LOCAL REGISTRAR <i>Scott Morrow MD</i>	
47. DATE MM/DD/CCYY 07/08/1999					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input 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. CARE <input type="checkbox"/> OTHER	
104. COUNTY SAN MATEO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2032 EUCALYPTUS AVE.			
106. CITY SAN CARLOS					
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	
IMMEDIATE CAUSE (A) <i>Urosepsis</i>		1 wk		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) <i>Paraplegia</i>		4 mos		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <i>Transverse myelitis</i>		4 mos		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <i>Prostate cancer</i>					
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 MM/DD/CCYY DECEDENT LAST SEEN ALIVE MM/DD/CCYY 04-06-1999 07-01-1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>H. Cardenas</i>		116. LICENSE NO. A062661	
117. DATE MM/DD/CCYY 07/07/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP KAISER HOSPITAL HECTOR CARDENAS, M.D., 1150 VETERANS BLVD., REDWOOD CITY, CA.			
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 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, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
A		B		C	
D		E		F	
G		H		I	
STATE REGISTRAR				FAX AUTH. # 41-All-0938	
CENSUS TRACT					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN MATEO

SS

DATE ISSUED

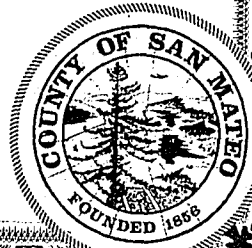
07/15/1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

*Scott Morrow MD*

SCOTT MORROW, M.D.  
HEALTH OFFICER AND REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LEGAL DESCRIPTION

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDR&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E., Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 084425 (Declaration), during a "Use Period", within the Low Season within the "Owner's Use Year", as defined in the Declaration, together with a non-exclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights and rights-of-way of record.

APN 07-130-19 (PTN)

REQUESTED BY  
Brian Wright  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

1999 SEP 13 PM 2: 52

LINDA SLATER  
RECORDER

\$ 9.00 PAID K2 DEPUTY

0476398

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