AFFIDAVIT - DEATH OF JOINT TENANT

APN 37-421-14

KATHER	INE L. FOUST	, of legal age,	being first duly sworn, deposes and says:		
That DEL	BERT EUGENE FOUST	the decedent	mentioned in the attached certified copy		
of Certific	ate of Death, is the same person as GENE	FOUST			
named as	s one of the parties in that certain GRANT [DEED date	d AUG. 7TH, 1979		
executed	by PERCY K. NELSON AND GLADYS M.	NELSON			
to GENE	FOUST AND KATHERINE L. FOUST, HUS	BAND AND WIFE			
as joint te	enants, recorded as Instrument No.85422	, on <u>A</u>	AUG. 10TH, 1979 , in		
Book <u>879</u>	, Page <u>727</u>	, of Official Records of I	DOUGLAS		
County, N	levada, covering the following described pr	operty situated in the			
WELLING	STON, Count	y of <u>Douglas</u>	, State of Nevada:		
Lot 18,	real property situate in the County of Do	AZ RANCH ESTATES UNIT NO.	4, filed for record in the Office of the		
	Recorder of Douglas County, State of Nent No. 50212.	evada, on November 16, 1970, ir	n Book 1 of Maps, Page 224, as		
Assess	or's Parcel No.: 37-421-14				
Dated 1-2	27-2000		/ /		
STATE OF	NEVADA CALIF.	1	achemne Toust		
COUNTY OF Stanislaus					
	ment was acknowledged before me on				
Jan. 28th, 2000.					
by KATHERINE L. FOUST					
Kell Thompson					
KELLI J. THOMPSON					
COMM. #1248287 Notary Public-California STANISI AUS COUNTY					
ESI	STANISLAUS COUNTY My Comm. Exp. Jan. 3, 2004				
1			(This area for official notarial seal)		
Title Or	der No.00082626	Escrow or L	oan No.		
	SPACE BELOW THIS LINE FOR RECORDER'S USE				
	RECORDING REQUESTED BY				
	Vestern Title Company, Inc. AND WHEN RECORDED MAIL TO				
Name g	ATHEDINE L FOLIET				
r	CATHERINE L. FOUST 1741 ROSE AVE.				
City,State	Ceres, CA 95307				
Zip (in comment		· "		
	•		•		

0486017

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

STA	TE FILE NUMBER 1951 (REV. 7/97)	TEOUTS OF ALTERATIONS	
DECEDENT PERSONAL DATA	08/10/1932 66 MONTHS DAYS HOURS 9. STATE OF BIRTH 10. SOCIAL SECURITY NO. 11. MILITARY RERVINKS 14. RACE. 15. HISPANIC SPECIFY WHITE VES. XIND OF BUSINESS. WAREHOUSEMAN GROCERY	MARKET WHOLESALE	
USUAL RESIDENCE	20. RESIDENCE—ISTREET AND NUMBER OR LOCATION 1741 ROSE AVE. 21. CITY CERES STANISIAUS	23. SIPICODE 24. VRBIN COUNTY 25. STATE OR FOREIGN COUNTRY 95307 64 CA	
INFORMANT	25. NAME, RELATIONSHIP 27. MAILING ADDRESS INTREST AND NUMBER, CITY ON TOWN, STATE, 21 KATHERINE FOUST WIFE. 1741 ROSE, AVE., GERES, CA 95307		
SPOUSE AND PARENT INFORMATION	28. NAME OF BURVIVING SPOUSE_FIRST KATHERINE 31. NAME OF FATHER—FIRST JOYCE 35. NAME OF MOTHER—FIRST MABEL **THERINE*** 38. MIDDLE** **THERINE** 38. MIDDLE** **THERINE** 38. MIDDLE** **THERINE** **THE	30. LAST (MAIDEN NAME) BURNS 33. LAST POUST AR 37. LAST (MAIDEN) PICKERILL KS	
DISPOSITIONIS	39. DATE M M / DD / C C V V AD (FLACE OF FINAL DISPOSITION) 06/10/1999 CERES MEMORIAL PARK, CERES	CALLETTE	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	A1. TYPE OF DISPOSITIONIS) BU 42. SIGNATURE OF EMB 44. NAME OF FUNERAL DIRECTOR 45. LICENSE NO. 46. SIGNATURE OF EMB FRANKLIN & DOWNS FUNERAL HOME FD1259	A3 LICENSE NO. 8027	
PLACE OF DEATH	MEMORIAL MEDICAL CENTER X IP ER70P OF 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION. 1700 COFFEE RD. 1707. DEATH, WAS CAUSED BY LENTER ONLY ONE CAUSE PER LINE FOR A. B. C.A.	SOA CONVINCES CONVINCES STANISLAUS	
CAUSE OF DEATH	DUE TO (B) PULMONARY EMBOLISM DUE TO (C) DEEP VENOUS THROMBOSIS DUE TO (D) NONSMALL-CELL CANCER OF LUNG 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT NO 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF PNEUMONECTOMY 12/16/1998	AND DEATH AND DATE. SEINERN OPSET AND DATE. WES X NO REPERAL NUMBER WES X NO 110. AUTOPSY PERFORMED TO CAUSE GIVEN IN 107 YES UST, TYPE OF OPERATION AND DATE.	
PHYSI- CIAN'S CERTIFICA- TION		0078070	
CORONER'S. USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. YES NO	CCCURRED (EVENTS WHICH RESULTED IN INJURY)	
STATE REGISTRAR	A B C D E F	H CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the

LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED

06/08/1999

0486017

LOCAL REGISTRAR OF VITAL STATISTICS

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

\$\text{10.20026.15}\$



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