

A.P. No. 40-270-05
Escrow No. 2000-22733-RCM

WHEN RECORDED MAIL TO:
Geraldine Reed
1940 Woodcrest Avenue
La Habra , CA 90631-3265

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Will G. Reed, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated August 22, 1983, executed by William M. Cochrum, III, Trustee of the William M. Cochrum, III Trust of 1979, dated August 1, 1979 to Will G. Reed and Geraldine E. Reed, husband and wife as joint tenants, recorded as Instrument No. 87064 on September 16, 1983 in book 983, page 1351, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 117, Unit 5, TAHOE VILLAGE UNIT NO. 1, an amended map of Alpine Village Unit No. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 7, 1971, as Document No. 55769.

TOGETHER WITH an undivided 1/16th's interest in and to those portions designated as Common Areas as set forth on the Condominium Map of Lot 117, Tahoe Village Unit No. 1, filed for record March 20, 1981, as document No. 54593, Official Records of Douglas County.

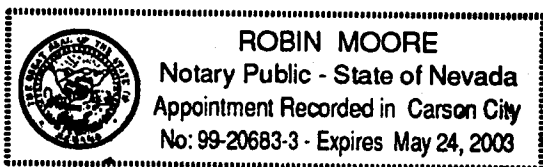
Dated January 21, 2000

Geraldine E. Reed
GERALDINE E. REED

Subscribed and sworn to before me this 14th day of March, 2000.

by Geraldine E. Reed.

Robin Moore
Notarial Officer



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORDS

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

3 199830 009091

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

| | | | |
|--|---|---|---|
| DECEDENT PERSONAL DATA | 1. NAME OF DECEDENT—FIRST (GIVEN) WILL | 2. MIDDLE G. | 3. LAST (FAMILY) REED |
| | 4. DATE OF BIRTH M/M/DD/C.C.V.Y. 10/01/1930 | 5. AGE YRS. 67 | 6. SEX M |
| | 7. DATE OF DEATH M/M/DD/C.C.V.Y. 07/12/1998 | 8. HOUR 1335 | |
| USUAL RESIDENCE | 9. STATE OF BIRTH CA | 10. SOCIAL SECURITY NO. [REDACTED] 3815 | 11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK |
| | 12. MARITAL STATUS Married | 13. EDUCATION—YEARS COMPLETED 14 | |
| | 14. RACE White | 15. USUAL EMPLOYER Self-Employed | |
| INFORMANT | 17. OCCUPATION Insurance Broker | 18. KIND OF BUSINESS Insurance | 19. YEARS IN OCCUPATION 35 |
| | 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1940 East Woodcrest Avenue | | |
| | 21. CITY La Habra | 22. COUNTY Orange | 23. ZIP CODE 90631 |
| SPOUSE AND PARENT INFORMATION | 24. YRS. IN COUNTY 32 | | 25. STATE OR FOREIGN COUNTRY CA |
| | 26. NAME, RELATIONSHIP Geraldine Reed - Wife | | |
| | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1940 East Woodcrest, La Habra CA 90631 | | |
| DISPOSITION(S) | 28. NAME OF SURVIVING SPOUSE—FIRST Geraldine | 29. MIDDLE Emma | 30. LAST (MAIDEN NAME) LaFlamme |
| | 31. NAME OF FATHER—FIRST Andrew | 32. MIDDLE Dale | 33. LAST Reed |
| | 34. BIRTH STATE KS | 35. NAME OF MOTHER—FIRST Aurora | 36. MIDDLE Marie |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | 37. LAST (MAIDEN) Sauve | 38. BIRTH STATE CN | |
| | 39. DATE M/M/DD/C.C.V.Y. 07/20/1998 | | |
| | 40. PLACE OF FINAL DISPOSITION Wife Geraldine Reed residence, 1940 E. Woodcrest, La Habra CA 90631 | | |
| PLACE OF DEATH | 41. TYPE OF DISPOSITION(S) CR/RES | 42. SIGNATURE OF EMBALMER Not Embalmed | 43. LICENSE NO. |
| | 44. NAME OF FUNERAL DIRECTOR Neels Brea Mortuary | 45. LICENSE NO. FD 623 | 46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> |
| | 47. DATE M/M/DD/C.C.V.Y. 07/17/1998 | | |
| CAUSE OF DEATH | 101. PLACE OF DEATH St. Jude Medical Center | 102. IF HOSPITAL, SPECIFY ONE <input checked="" 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 Orange | 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 101 East Valencia Mesa Drive | |
| | 106. CITY Fullerton | 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | |
| PHYSICIAN'S CERTIFICATION | IMMEDIATE CAUSE (A) Cardio pulmonary collapse | TIME INTERVAL BETWEEN ONSET AND DEATH mins | 108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER |
| | DUE TO (B) Metastatic CA lung | MOS | 109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | DUE TO (C) Carcinoma kidney | yr | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| CORONER'S USE ONLY | DUE TO (D) | | 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Stenosis left ureter, congenital absence of right kidney | | |
| | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. 1890 Left radical nephroureterectomy w/total cystectomy & urethrectomy 10/16/1997 | | |
| STATE REGISTRAR | 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 M/M/DD/C.C.V.Y. 05/09/1996 | 115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | 116. LICENSE NO. C21941 |
| | DECEDENT LAST SEEN ALIVE M/M/DD/C.C.V.Y. 07/08/1998 | 117. DATE M/M/DD/C.C.V.Y. 07/14/1998 | |
| | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Richard Manzo, 721 W. Whittier, La Habra CA 90631 | | |
| 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 type="checkbox"/> NO | | | |
| 121. INJURY DATE M/M/DD/C.C.V.Y. | | | |
| 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.C.V.Y. | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER |
| A | B | C | D |
| E | F | G | H |
| FAX AUTH. # 3015 | | | CENSUS TRACT |

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

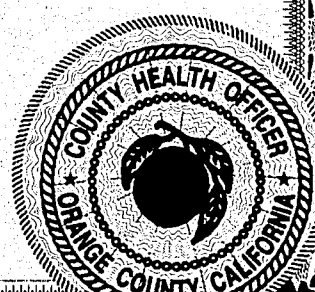
07/21/1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature]
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAR 30 AM 11:37

LINDA SLATER
RECORDER

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