

DOUGLAS COUNTY

WHEN RECORDED, MAIL TO:

Marilyn J. Forde
93 Crest Road
Novato, CA 94945

APN 05-123-13

This frontispiece is attached to an AFFIDAVIT-DEATH OF A CO-OWNER for the sole purpose of providing the requisite space at the end of the document for the recording information of the Douglas County Recorder's Office.

0491568

BK0500PG1813

DOUGLAS COUNTY

WHEN RECORDED, PLEASE RETURN

TO: Marilyn J. Forde
93 Crest Road
Novato, CA 94945

APN 05-123-13

Mail tax statements to above address.

AFFIDAVIT - DEATH OF A CO-OWNER

STATE OF CALIFORNIA)
COUNTY OF MARIN) SS.

MARILYN FORDE also known as MARILYN J. FORDE, a successor trustee of the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993, of legal age, being first duly sworn, depose and declare that JEANNE M. FORDE also known as Jeanne Marie Forde, who died on May 12, 1992, in Marin County, California, as set forth in the attached Certified Copy of Certificate of Death is the same person as JEANNE M. FORDE who was co-owner of real property more particularly described as set forth hereinbelow and the same person whose last will at probate established the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993, and the subject real property was placed in the subject as set forth below.

All right, title and interest that the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993, held in real property as more particularly described hereinbelow, was transferred to the surviving Trustees WILLIAM R. FORDE also known as W.R. FORDE, MARILYN FORDE and KEVIN W. FORDE pursuant to the terms of that certain JUDGEMENT OF FINAL DISTRIBUTION recorded as instrument number 95-007341 on February 10, 1995 in the Official Records of the County of Marin, California.

Real Property Description

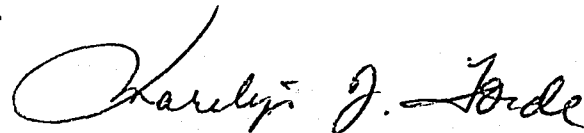
All that real property in the County of Douglas, State of Nevada, being Assessor Parcel Number 05-123-13, more specifically described as:

Lots 6, 7 and 8 in Block G, as delineated on that certain map entitled AMENDED MAP OF SUBDIVISION NO. 2 ZEPHYR COVE PROPERTIES, INC., filed for record on August 5, 1929, in the Office of the County Recorder of Douglas County, Nevada (said map being an Amended Map of Subdivision No. 2 Zephyr Cove Properties, Inc. filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on July 5, 1927, Document No. 92, Douglas County, Nevada, records.

(Continued)

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: September 16, 1999



MARILYN J. FORDE

California Notary Attached.

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COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

1 OF 2

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

302-21-000652

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YEAR		2B. HOUR		3. SEX	
		Jeanne		Marie		Forde		May 12, 1992		0050		Female	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YEAR		7. AGE IN YEARS		IF UNDER 1 YEAR		IF UNDER 24 HOURS			
Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		June 27, 1922		69							
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
CA		U.S.A.		Joseph Rose		Azores Is		Rose Rose		CA			
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
<input checked="" type="checkbox"/> NONE		5842		Married		William R. Forde							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Homemaker		Own Home		Self		42		15					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
211 El Prado		San Rafael		94903									
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Marin		69		California		Mr. William R. Forde (Husband) 211 El Prado San Rafael, CA 94903							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER							
Marin General Hospital		IP		Marin		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		23. WAS BIOPSY PERFORMED?									
250 Bon Air Road		Greenbrae		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24A. WAS AUTOPSY PERFORMED?											
IMMEDIATE CAUSE (A) <i>Bronchogenic Carcinoma</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
DUE TO (B)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
DUE TO (C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.											
		Bronchoscopy 5-9-92											
1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED							
		<i>David J. Costanza</i>		A 18217		5/13/92							
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS									
6-16-77		5/11/92		David J. Costanza MD 1300 So. Eliseo, Greenbrae, CA									
1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED									
		<i>David J. Costanza</i>											
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR					
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER					
Burial		Mt. Olivet Cemetery, San Rafael, CA		May 15, 1992		<i>Ronald J. Resc...</i>		5885					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE							
Keaton Mortuary, San Rafael, CA		FD-#6		<i>David J. Costanza</i>		MAY 13 1992							
STATE REGISTRAR		A. B. C. D. E. F.											

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF MARIN

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Marin County Assessor-Recorder.

Joan C. Thayer
JOAN C. THAYER
MARIN COUNTY ASSESSOR-RECORDER

DATE ISSUED May 13 1992 BY David J. Costanza, Deputy

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

2 OF 2

AFFIDAVIT TO AMEND A RECORD

3 92 21 000652

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS STATED ON ORIGINAL CERTIFICATE

Form with fields: 1A. NAME-FIRST (GIVEN) Jeanne, 1B. MIDDLE Marie, 1C. LAST (FAMILY) Forde, 2. SEX F, 3. DATE OF EVENT—MONTH, DAY, YEAR May 12, 1992, 4A. CITY OF OCCURRENCE Greenbrae, 4B. COUNTY OF OCCURRENCE Marin, 5. FATHER'S NAME AS STATED ON ORIGINAL Joseph Rose, 6. MOTHER'S NAME AS STATED ON ORIGINAL Rose Rose

PART II STATEMENT OF CORRECTIONS

Table with columns: 7. CERTIFICATE ITEM NUMBER, 8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE, 8B. INFORMATION AS IT SHOULD BE STATED. Includes entry: 11A, Rose Rose, Rose Freitas. Reason for correction: typing error.

PART III SUPPORTING AFFIDAVITS—PLEASE COMPLETE AND SIGN IN BLACK INK ONLY

Supporting affidavits section with fields for signature, title, date, age, and address of persons completing the affidavits. Includes dates 5-19-92 and address 1022 E. Street, San Rafael, CA 94901.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 8/90)

902

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF MARIN

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Marin County Assessor-Recorder.

Joan C. Thayer, MARIN COUNTY ASSESSOR-RECORDER

DATE ISSUED BY [Signature], Deputy

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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918190061816



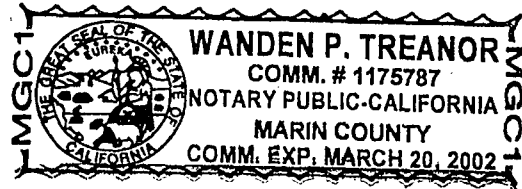
CALIFORNIA NOTARY ACKNOWLEDGMENT

State of California
County of Marin

On 9-16-99 before me, Wanden P. Treanor,
(Date)

personally appeared MARILYN J. FORDE

personally known to me -OR- _____ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon the behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Wanden P. Treanor
Wanden P. Treanor, Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER:

DESCRIPTION OF ATTACHED DOCUMENT:

___ INDIVIDUAL

___ CORPORATE OFFICER

TITLE(S)

___ PARTNER(S)

___ LIMITED

___ GENERAL

___ ATTORNEY-IN-FACT

___ TRUSTEE(S)

___ GUARDIAN/CONSERVATOR

___ OTHER: _____

TITLE OR TYPE OF DOCUMENT

___ NO. OF PAGES

___ DATE OF DOCUMENT

(SIGNER(S) OTHER THAN NAMED ABOVE)

SIGNER IS REPRESENTING: _____

(NAME OF PERSON(S) OR ENTITY(IES))

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COPY

REQUESTED BY

W.P. Treanor

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAY -8 PM 1:45

LINDA SLATER
RECORDER

\$12.00 PAID AK DEPUTY

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