

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

RAE E. RICHERSON  
519 Laurel Lane  
Stateline, Nevada 98449

MAIL TAX STATEMENTS TO:

RAE E. RICHERSON  
519 Laurel Lane  
Stateline, Nevada 98449

FILED

NO \_\_\_\_\_

FILED IN ERROR  
'00 MAR 16 P3:37

BARBARA M. DEED  
CLERK

BY [Signature] DEPUTY

RECEIVED  
MAR 16 2000  
DOUGLAS COUNTY  
DISTRICT COURT CLERK

DECLARATION OF FACT OF DEATH OF JOINT TENANT

I, RAE E. RICHERSON, declare:

1. I am 18 years of age or older.
2. Attached hereto is a certified copy of the Certificate of Death of Helen Ott Richerson, deceased.
3. The decedent named in the Certificate of Death is the same person as Helen F. Richerson named as one of the parties in the deed dated May 7, 1996, executed by Edward P. Norris and Dolly L. Norris, grantors, to Rae E. Richerson and Helen F. Richerson, husband and wife as joint tenants, and recorded on June 13, 1996, in Book 0696, Pages 2310 and 2311, of Official Records of Douglas County, Nevada, as Instrument Number 389975, concerning the real property located in Douglas County, Nevada, and described in Exhibit "A" attached hereto and by this reference made a part hereof, commonly known as 519 Laurel Lane, Stateline, Nevada 89449, APN #07-343-17.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing statements are true and correct.

DATED: Mar 14 00

[Signature]  
RAE E. RICHERSON

0493302

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CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA )  
COUNTY OF SANTA BARBARA ) SS.

On March 14<sup>th</sup>, 2000, before me, Scott V. Lombardo, personally appeared RAE E. RICHESON, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument he executed the instrument.

WITNESS my hand and official seal.

Signature Scott V. Lombardo



\_\_\_\_\_  
Notary Public for the State of California

COPIED

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

CERTIFICATE OF DEATH

3199742002665

STATE OF CALIFORNIA  
 STATE FILE NUMBER LOCAL REGISTRATION NUMBER  
 USE BLACK INK ONLY AND ERASABLE, WHITEOUT OR ALTERATIONS  
 VS-11 (REV. 7/87)

1. NAME OF DECEDENT—FIRST (GIVEN) <b>HELEN</b>		2. MIDDLE <b>OTT</b>		3. LAST (FAMILY) <b>RICHIERSON</b>	
4. DATE OF BIRTH MM/DD/YYYY <b>09/02/1912</b>		5. AGE YRS. <b>85</b>		7. DATE OF DEATH MM/DD/YYYY <b>12/17/1997</b>	
6. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>7497</b>		13. EDUCATION—YEARS COMPLETED <b>16</b>	
14. RACE <b>White</b>		18. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Self</b>	
17. OCCUPATION <b>Homemaker</b>		18. KIND OF BUSINESS <b>Own Home</b>		19. YEARS IN OCCUPATION <b>64</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1200 Channel Drive</b>					
21. CITY <b>Santa Barbara</b>		22. COUNTY <b>Santa Barbara</b>		23. ZIP CODE <b>93108</b>	
24. YRS. IN COUNTY <b>35</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>McDermott-Crockett Mortuary</b>		27. MAILING ADDRESS (STREET AND NUMBER OR PO BOX, RFD, BOX, CITY AND STATE, ZIP) <b>1903 State Street, Santa Barbara, CA 93101</b>			
28. NAME OF SURVIVING SPOUSE—FIRST <b>Rae</b>		29. MIDDLE <b>Edward</b>		30. LAST (MAIDEN NAME) <b>Richierison</b>	
31. NAME OF FATHER—FIRST <b>Charles</b>		32. MIDDLE <b>Franklin</b>		33. LAST <b>Ott</b>	
34. BIRTH STATE <b>IL</b>		35. NAME OF MOTHER—FIRST <b>Myrtle</b>		36. MIDDLE <b>Nicklas</b>	
37. LAST (MOTHER) <b>Nicklas</b>		38. BIRTH STATE <b>IA</b>			
39. DATE MM/DD/YYYY <b>12/22/1997</b>		40. PLACE OF FINAL DISPOSITION <b>3 Miles offshore Santa Barbara Channel, Santa Barbara, CA</b>			
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>McDermott-Crockett Mortuary</b>		45. LICENSE NO. <b>FD 383</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/YYYY <b>12/22/1997</b>					
101. PLACE OF DEATH <b>Residence</b>		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"/> COMM. HOOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>Santa Barbara</b>		105. CITY <b>Santa Barbara</b>			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1200 Channel Drive</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Bacterial Pneumonia</b>		108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>		109. DEATH PLACED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE, SIMILAR IN 107 <b>Organic Brain Syndrome with Dementia; Hemiparesis</b>		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE MM/DD/YYYY <b>01/26/1996</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>Wendell Klossner, MD, 1478 E. Valley Rd, Santa Barbara, CA 93108</b>		116. LICENSE NO. <b>A16820</b>	
117. DATE MM/DD/YYYY <b>12/18/1997</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
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/YYYY	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) <b>1200 Channel Drive, Santa Barbara, CA 93108</b>		123. HOUR		124. PLACE OF INJURY	
125. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		126. DATE MM/DD/YYYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
128. STATE REGISTRAR		129. FAX AUTH. #		130. CENSUS TRACT	

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S239779

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA BARBARA } SS

DATE ISSUED **APR 26 1999**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK-RECORDER.

*[Signature]*  
KENNETH A. PETTIT  
COUNTY CLERK-RECORDER  
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



## LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas,, described as follows:

The Easterly portion of Lot 29, Kingsbury Highlands Unit No. 2, as shown on the Official Map recorded in the Office of the County Recorder of Douglas County, on December 26, 1961, as Document No. 19280, described as follows:

Beginning at the most Northerly corner of said Lot 29; said point being on the Westerly line of Laurel Lane and the corner common to both lots 29 and 30; thence South 72 degrees 20'44" West, a distance of 128.87 feet; thence South 21 degrees 06'58" East, a distance of 148.45 feet, more or less, to a point on the Southerly lot line of said Lot 29; said lot line also being the line common to both Lots 28 and 29; thence on and along said Southerly lot line of Lot 29 North 64 degrees 52'46" East, a distance of 125.00 feet, more or less, to the most Easterly lot corner; said point being on the Westerly line of Laurel Lane; thence North 19 degrees 24'28" West on and along the Easterly lot line and the Westerly line of Laurel Lane a distance of 132.00 feet to the True Point of Beginning.

EXCEPTING THEREFROM a portion of said Lot 29 described as follows:

Beginning at the most Northerly corner of said Lot 29; said point being on the Westerly line of Laurel Lane and being the corner common to both Lots 29 and 30 of said KINGSBURY HIGHLANDS UNIT NO. 2; thence South 37 degrees 45'38" West 39.00 feet; thence South 85 degrees 13'56" West 99.26 feet to a point on the line common to said Lots 29 and 30; thence North 72 degrees 20'44" East a distance of 128.87 feet to the Point of Beginning.

Assessors Parcel No. 7-343-17

REQUESTED BY  
*Rae E. Richerson*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JUN -2 PM 2:52

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID *K2* DEPUTY

0493302

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