

A.P. No. 21-500-12
Escrow No. 2000-29007-DEC
R.P.T.T. #11
WHEN RECORDED MAIL TO:
Melvin Charles Simon
1326 Porter Drive
Minden, Nevada 89423

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Phyllis Geraldine Simon, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Phyllis G. Simon named as one of the parties in that certain Joint Tenancy Deed dated April 3, 1972, executed by Kenneth L. McCoy and Adele K. McCoy to Melvin Charles Simon and Phyllis G. Simon, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 58618 on April 5, 1972 in book 98, page 569, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada:

SEE ATTACHED EXHIBIT "A" MADE A PART HEREOF

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

Dated 6/10/00

FIRST AMERICAN TITLE CO.

Melvin Charles Simon
Melvin Charles Simon

Subscribed and sworn to before me this 10th day of June, 2000

By Melvin Charles Simon

Danielle E. Curtis
Notarial Officer



0494335
BK0600PG3885

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN
SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3-200021000283

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) **Phyllis** 2. MIDDLE **Geraldine** 3. LAST (FAMILY) **Simon**

4. DATE OF BIRTH M/M/DD/CYY **10/08/1910** 5. AGE YRS. **89** 6. SEX **F** 7. DATE OF DEATH M/M/DD/CYY **02/12/2000** 8. HOUR **0320**

9. STATE OF BIRTH **IA** 10. SOCIAL SECURITY NO. **3606** 11. MILITARY SERVICE YES NO UNK 12. MARITAL STATUS **Married** 13. EDUCATION—YEARS COMPLETED **12**

14. RACE **White** 15. HISPANIC—SPECIFY YES NO 16. USUAL EMPLOYER **Self Employed**

17. OCCUPATION **Homemaker** 18. KIND OF BUSINESS **Own Home** 19. YEARS IN OCCUPATION **50**

20. RESIDENCE—(STREET AND NUMBER OR LOCATION) **1326 Porter Drive**

21. CITY **Minden** 22. COUNTY **Douglas** 23. ZIP CODE **98423** 24. YRS IN COUNTY **23** 25. STATE OR FOREIGN COUNTRY **NV**

26. NAME, RELATIONSHIP **Jean Colbert, — Daughter** 27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) **1925 Cross Creek St., Petaluma, CA 94954**

28. NAME OF SURVIVING SPOUSE—FIRST **Melvin** 29. MIDDLE **Charles** 30. LAST (MAIDEN NAME) **Simon**

31. NAME OF FATHER—FIRST **Henry** 32. MIDDLE **William** 33. LAST **Ebert** 34. BIRTH STATE **IA**

35. NAME OF MOTHER—FIRST **Theresa** 36. MIDDLE **Geraldine** 37. LAST (MAIDEN) **Manion** 38. BIRTH STATE **IA**

39. DATE M/M/DD/CYY **02/15/2000** 40. PLACE OF FINAL DISPOSITION **RES: Melvin C. Simon, 1326 Porter, Minden, NV 89423**

41. TYPE OF DISPOSITION(S) **CR/TR/RES** 42. SIGNATURE OF EMBALMER **Not Embalmed** 43. LICENSE NO. _____

44. NAME OF FUNERAL DIRECTOR **Keaton Mortuary** 45. LICENSE NO. **FD-6** 46. SIGNATURE OF LOCAL REGISTRAR **Fred S. Schwartz, M.D.** 47. DATE M/M/DD/CYY **02/16/2000**

101. PLACE OF DEATH **Guardian at Smith Ranch** 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA CONV. HOSP. RES. CARE OTHER 103. FACILITY OTHER THAN HOSPITAL 104. COUNTY **Marin**

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) **1550 Silveira Parkway** 106. CITY **San Rafael**

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
 IMMEDIATE CAUSE **(A) Respiratory Arrest** TIME INTERVAL BETWEEN ONSET AND DEATH **5 Min.** 108. DEATH REPORTED TO CORONER YES NO REFERRAL NUMBER _____
 DUE TO **(B) Pneumonia** **1 Week** 109. BIOPSY PERFORMED YES NO
 DUE TO **(C)** 110. AUTOPSY PERFORMED YES NO
 DUE TO **(D)** 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107 **Polymyalgia Rheumatica**

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. **No**

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/CYY **12/27/1999** DECEDENT LAST SEEN ALIVE M/M/DD/CYY **02/11/2000** 115. SIGNATURE AND TITLE OF CERTIFIER **David H. Berman, MD** 116. LICENSE NO. **G20952** 117. DATE M/M/DD/CYY **02/15/2000**

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP **David H. Berman, MD, 11 Professional Cntr. Pkwy, San Rafael, CA 94903**

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED 120. INJURY AT WORK YES NO 121. INJURY DATE M/M/DD/CYY _____ 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/CYY _____ 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER _____

STATE REGISTRAR A B C D E F G H FAX AUTH. # _____ CENSUS TRACT _____

179119

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF MARIN } SS

DATE ISSUED **FEB 17 2000**

Fred S. Schwartz, M.D.

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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EXHIBIT "A"

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Commencing at the Southwest corner of the Southeast quarter of the Southwest quarter of the Northeast quarter of Section 28, Township 14 North, Range 20 East, M.D.B. & M.; thence Easterly and parallel to the South line of the Northeast quarter of said Section 28, a distance of 163.30 feet to the true point of beginning; thence continuing Easterly along the South line of the said Northeast quarter a distance of 163.30 feet to a point; thence Northerly and parallel to the West line of said Northeast quarter a distance of 266.75 feet to a point; thence Westerly and parallel to the South line of said Northeast quarter a distance of 163.30 feet; thence Southerly and parallel to the West line of said Northeast quarter a distance of 266.75 feet to the true point of beginning, being a portion of the Southwest quarter of the Northeast quarter of Section 28, Township 14 North, Range 20 East, M.D.B. & M.

A.P.N. 21-500-12

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN 19 AM 11:23

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

0494335

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