

A.P. No. 07-420-010

Escrow No. 2000-30626-KJP

WHEN RECORDED MAIL TO:

Ms. Muriel Johnson
952 Alamo Pintado Rd.
Solvang, CA 93463

AFFIDAVIT

The undersigned being first duly sworn, deposes and says:

That Paul W. Johnson, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Paul W Johnson named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 19, 1993, executed by The Board of Regents of the University of the Pacific to Paul W. Johnson and Muriel J. Johnson, husband and wife as Community Property with right of survivorship, recorded as Instrument No. 320821 on October 22, 1993 in book 1093, page 207, of Official Records of Douglas County, Nevada, covering the following described property situated in th, County of Douglas, State of Nevada:

Unit A of Condominium No. 67 being all of Lot 67, as located in Lake Village 2-D, recorded in the Office of the Recorder of Douglas County, State of Nevada, February 24, 1978, Document No. 17962.

TOGETHER WITH an undivided 1/4th interest in all common area as shown on the map of Condominium No. 67, being all of Lot 67, located in Lake Village 2-D recorded February 24, 1978, Document No. 17962 Official Records of Douglas County, State of Nevada.

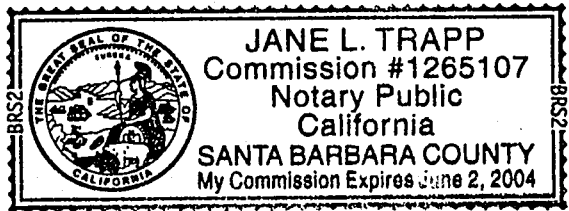
Dated July 24, 2000

Muriel J. Johnson
Muriel J. Johnson

Subscribed and sworn to before me this 21th day of July, 2000

By Muriel J. Johnson

Jane L. Trapp
Notarial Officer



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
HEALTH CARE SERVICES

CERTIFICATE OF DEATH

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) PAUL		2. MIDDLE WILLIAM		3. LAST (FAMILY) JOHNSON			
4. DATE OF BIRTH M/M/DD/CCYY 01/15/1940		5. AGE YRS. 59		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 09/29/1999	
8. HOURS 1546		9. STATE OF BIRTH WI		10. SOCIAL SECURITY NO. ██████████8875		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MRD		13. EDUCATION—YEARS COMPLETED 18		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Santa Barbara School District		17. OCCUPATION Educator		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 36	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 952 Alamo Pintado Rd.		21. CITY Solvang		22. COUNTY Santa Barbara		23. ZIP CODE 93463	
24. YRS IN COUNTY 38		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Muriel J. Johnson, Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 952 Alamo Pintado Rd., Solvang, CA 93463	
28. NAME OF SURVIVING SPOUSE—FIRST Muriel		29. MIDDLE Janet		30. LAST (MAIDEN NAME) Boisclair			
31. NAME OF FATHER—FIRST Walter		32. MIDDLE -		33. LAST Johnson		34. BIRTH STATE WI	
35. NAME OF MOTHER—FIRST Bernice		36. MIDDLE -		37. LAST (MAIDEN) Ingli		38. BIRTH STATE WI	
39. DATE M/M/DD/CCYY 10/06/1999		40. PLACE OF FINAL DISPOSITION Santa Barbara Cemetery - Santa Barbara, CA					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Loper Funeral Chapel		45. LICENSE NO. FD 1294		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/CCYY 10/01/1999	
101. PLACE OF DEATH Residence		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"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Santa Barbara	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 952 Alamo Pintado Rd.		106. CITY Solvang		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Cardiopulmonary Arrest		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CNR-99-444		DUE TO (B) Metastatic Pancreatic Cancer		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DUE TO (D)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Pulmonary Embolism and Deep Venous Thrombosis		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Pancreatic Resection 05/27/1999					
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/CCYY 03/27/1991		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G38047		117. DATE M/M/DD/CCYY 09/30/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Alan Hersh, MD 2027 Village Ln. Solvang, CA 93463		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/CCYY	
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/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		CENSUS TRACT			

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **OCT 01 1999**
COUNTY OF SANTA BARBARA }

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Health Care Services, County of Santa Barbara, California.

[Signature]
HEALTH OFFICER
HEALTH CARE SERVICES
COUNTY OF SANTA BARBARA, CALIFORNIA

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 AUG -8 PM 3:47

LINDA SLATER
RECORDER

\$ 9⁰⁰ PAID Bh DEPUTY

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