

RECORDING REQUESTED BY

Adelene J Remerowski

AND WHEN RECORDED MAIL TO

NAME
STREET
ADDRESS
CITY &
STATE

Adelene J. Remerowski
1930 New Hampshire Ave
NW, #12
Washington, DC 20009

SPACE ABOVE THIS LINE
FOR RECORDER'S USE

**DECLARATION OF FACT OF DEATH
OF JOINT TENANT OR LIFE TENANT**

I, Adelene J. Remerowski, declare:

- 1. I am eighteen (18) years of age or older.
- 2. Attached hereto is a certified copy of the Certificate of Death for Frank J. Remerowski
- 3. The decedent, named in the Certificate of Death, is the same person as Frank J. Remerowski named as one of the parties in the deed dated October 2, 1985 executed by Donald L. and Sherri R. Blackwell, grantor, to Frank J. Remerowski and Adelene J. Remerowski as joint tenants and recorded on October 7, 1985, in Book 673, Page, 191 of Official Records of Douglas County, Nevada, as Instrument No. 66662, concerning the real property located in Douglas County, Nevada with the legal and common description as follows: APN 1220-21-510-195
Gardnerville Ranchos Unit Number 6
Property address: 780 Wheeler, Gardnerville, Nevada
Type of property: residential duplex
Lot 281, Book 573, page 1026, File No. 66512

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Adelene J. Remerowski (Signature) July 7, 2000 (Date)
Malene Mortenson
attorney-in-fact
 Adelene J. Remerowski by
 Malene Mortenson attorney-in-fact

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**COWDERY'S
DECLARATION OF FACT OF DEATH
OF JOINT TENANT OR LIFE TENANT**

By _____
Dated _____, 19 _____

STATE OF CALIFORNIA

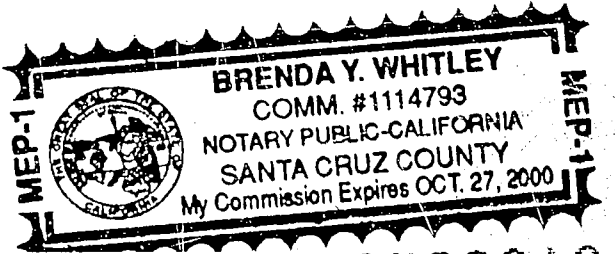
COUNTY OF Santa Cruz }

On July 7, 2000 before me, Brandia Y. Whitley, Notary Public
(Date) (Name and title of officer)

personally appeared Malena Mortenson
personally known to me (or proved on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed in 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 behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

[Signature]
NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA



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COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

CERTIFICATE OF DEATH

3-88-41-003613

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
Frank		Joseph		REMEROWSKI		September 24, 1988		1650
3 SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
Male	Cauc	NO	August 23, 1908		80 YEARS	MONTHS	DAYS	HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
PA			Frank Joseph Remerowski, Sr.—PA			Anna Cyzinyg—PA		
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12 SOCIAL SECURITY NUMBER		13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OF WIFE. ENTER BIRTH NAME		
USA	19 42 TO 19 45		5271		Married	Adelene Gardner		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS			
Treasury Office		Adult Life	William & Smith Co.		Accounting, Office Mgmt.			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)					19B.	19C. CITY OR TOWN		
2-1185 East Cliff Dr.					7:12	Santa Cruz		
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Santa Cruz			Ca		Mrs. Adelene Remerowski-wife 2-1185 East Cliff Dr. Santa Cruz, Ca. 95062			
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				
VA Medical Center		San Mateo		795 Willow Road				
21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						
Menlo Park		IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (B) Malignant Melanoma DUE TO, OR AS A CONSEQUENCE OF (C)						
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		25. WAS BIOPSY PERFORMED?		
Bronchiectasis		No		3 Days		No		
				1 Year		No		
						Yes		
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					28. DATE SIGNED			
No					9/26/88			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			ROBERT C. HEEN, M.D., 795 Willow Rd., Menlo Park, CA		9/26/88		C12786	
8/5/88 VA			9/23/88 VA					
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST- INVESTIGATION					35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation		Sept 29, 1988		Evergreen Cemetery, Oakland			Not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Neptune Society, San Jose			1322		[Signature]		SEP 27 1988	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.		

VS-11 (1-85)

187657

CERTIFIED COPY OF VITAL RECORDS

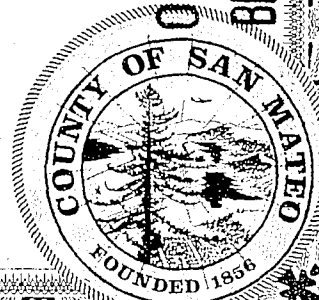
STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

DATE ISSUED OCT 05 1999

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

WARREN Slocum
WARREN SLOCUM
Assessor-County Clerk-Recorder
San Mateo County

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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COPY

REQUESTED BY
Adelene Remerowski
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 SEP -1 PM 4: 34

LINDA SLATER
RECORDER

\$ 10⁰⁰ PAID BH DEPUTY

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