

A.P. No. 1220-16-610-056, 1220-16-610-057  
Escrow No. 2000-35864-DEC

**WHEN RECORDED MAIL TO:**

Mr. Donald W. Foster  
P.O. Box 1417  
Gardnerville, NV 89410

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That JOANN FOSTER, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOANN FOSTER named as one of the parties in that certain Grant Deed dated December 22, 1995, executed by DONALD W. FOSTER and JOANN SINCLAIR FOSTER, husband and wife as joint tenants (Who acquired title as DONALD W. FOSTER and JOANN SINCLAIR FOSTER to DONALD W. FOSTER and JOANN FOSTER, husband and wife as joint tenants, recorded as Instrument No. 377412 on December 22, 1995 in book 1295, page 3562, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada:

Lot 186, GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the Douglas County Recorder on June 1, 1965, Document No. 28309 and on June 4, 1965, Document No. 28377.

A.P.N. 1220-16-610-057

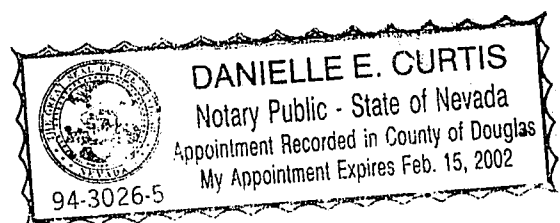
Dated 11-06-00

Donald W Foster  
DONALD W. FOSTER

Subscribed and sworn to before me this 6th day of November, 2000

By Donald W. Foster

Danielle E. Curtis  
Notarial Officer



0505042  
BK 1200PG2689

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SANTA CLARA**  
**PUBLIC HEALTH**  
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH**

3200043006845

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>JOANN</b>		2. MIDDLE -		3. LAST (FAMILY) <b>FOSTER</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>09/20/1939</b>		5. AGE YRS. <b>61</b>		6. SEX <b>F</b>		7. DATE OF DEATH MM/DD/CCYY <b>09/24/2000</b>	
8. HOUR <b>1250</b>		9. STATE OF BIRTH <b>NV</b>		10. SOCIAL SECURITY NO. <b>1295</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>Self Employed</b>		17. OCCUPATION <b>Homemaker</b>		18. KIND OF BUSINESS <b>Own Home</b>		19. YEARS IN OCCUPATION <b>22</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1315 Jobs Peak</b>							
21. CITY <b>Gardnerville</b>		22. COUNTY <b>Douglas</b>		23. ZIP CODE <b>89410</b>		24. YRS IN COUNTY <b>61</b>	
25. STATE OR FOREIGN COUNTRY <b>NV</b>		26. NAME, RELATIONSHIP <b>Donald Foster, Husband</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. Box 1417, Gardnerville, NV 89410</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>Donald</b>					
29. MIDDLE <b>Wilfred</b>		30. LAST (MAIDEN NAME) <b>Foster</b>				31. NAME OF FATHER—FIRST <b>Fred</b>	
32. MIDDLE -		33. LAST <b>Thompson</b>		34. BIRTH STATE <b>NV</b>		35. NAME OF MOTHER—FIRST <b>Josie</b>	
36. MIDDLE <b>UNK</b>		37. LAST (MAIDEN) <b>UNK</b>		38. BIRTH STATE <b>NV</b>		39. DATE MM/DD/CCYY <b>09/25/2000</b>	
40. PLACE OF FINAL DISPOSITION <b>Residence: Donald Foster, 1315 Jobs Peak, Gardnerville, NV 89410</b>		41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR <b>Roller Hapgood Tinney</b>		45. LICENSE NO. <b>FD132</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>		47. DATE MM/DD/CCYY <b>09/25/2000</b>	
101. PLACE OF DEATH <b>STANFORD MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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 <b>SANTA CLARA</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>300 PASTEUR DRIVE</b>		106. CITY <b>STANFORD</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>RESPIRATORY FAILURE</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>PULMONARY EMBOLISM, CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>							
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 MM/DD/CCYY <b>09/18/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen Ruoss</i>		116. LICENSE NO. <b>AO69335</b>		117. DATE MM/DD/CCYY <b>09/24/2000</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>STEPHEN RUOSS MD 300 PASTEUR DRIVE STANFORD, CA 94305</b>		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 MM/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 MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

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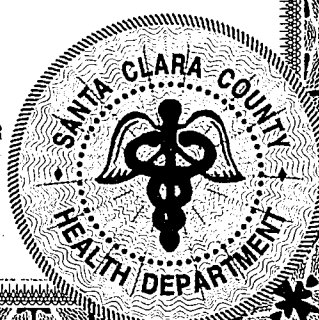
STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

CERTIFIED COPY OF VITAL RECORDS  
DATE ISSUED **10/20/2000**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH:

*Martin D. Fenstersheib MD*  
**MARTIN D. FENSTERSHEIB**  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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



MIDWEST BANK NOTE COMPANY ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

2000 DEC 14 PM 3:23

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LINDA SLATER  
RECORDER  
\$800 PAID *KS* DEPUTY