

PN 1420-28-601-012 + 014

WHEN RECORDED MAIL TO:

Melvin Charles Simon
1326 Porter Drive
Minden, Nevada 89423

AFFIDAVIT – DEATH OF JOINT TENTANT

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

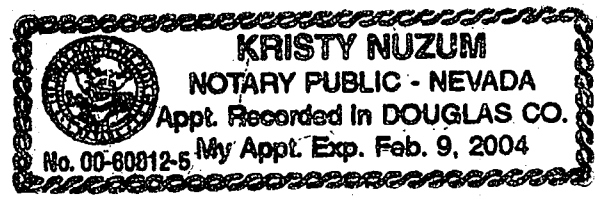
Dated 2/15/01

Melvin Charles Simon
Melvin Charles Simon

Subscribed and sworn to before me this 15 day of February, 2001

By Melvin Charles Simon

Kristy Nuzum
Notarial Officer



0509349

BK0201PG4913

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3-200021000283

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) Phyllis | | 2. MIDDLE Geraldine | | 3. LAST (FAMILY) Simon | |
| 4. DATE OF BIRTH M/M/DD/CCYY 10/08/1910 | | 5. AGE YRS. 89 | | 6. SEX F | |
| 7. DATE OF DEATH M/M/DD/CCYY 02/12/2000 | | 8. HOUR 0320 | | | |
| 9. STATE OF BIRTH IA | | 10. SOCIAL SECURITY NO. [REDACTED] 3606 | | 11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS Married | | 13. EDUCATION—YEARS COMPLETED 12 | | | |
| 14. RACE White | | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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/CCYY 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/CCYY 02/16/2000 | | | | | |
| 101. PLACE OF DEATH Guardian at Smith Ranch | | 102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER | |
| DUE TO (B) Pneumonia | | 1 Week | | 109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (C) | | | | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (D) | | | | 111. 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 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/CCYY 12/27/1999 | | 115. SIGNATURE AND TITLE OF CERTIFIER [Signature] | | 116. LICENSE NO. G20952 | |
| 117. DATE M/M/DD/CCYY 02/11/2000 | | 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 <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 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 | | | | | |

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF MARIN } SS

DATE ISSUED FEB 17 2000

SEAL

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.

Fred S. Schwartz, M.D.

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

Situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southeast ¼ of the Southwest ¼ of the Northeast ¼ of Section 28, Township 14 North, Range 20 East, M.D.B.&M., and being more particularly described as follows:

BEGINNING at a point 266.75 North from the Southwest corner of the Southeast ¼ of the Southwest ¼ of the Northeast ¼ of said Section 28, said point being the Northwest corner of the land conveyed in the Deed to Harold Krabbenhoft, et al, recorded September 25, 1970 in Book 79 of Official Records at Page 511, Douglas County, Nevada, thence from said point of beginning and along the West boundary of the Southeast ¼ of the Southwest ¼ of the Northeast ¼ of said Section 28, North 61.82 feet to the Southwest corner of land conveyed to in the Deed to Jean Lekumberry, recorded May 10, 1974 in Book 574 of Official Records at Page 327, Douglas County, Nevada; thence along the South boundary of said land of Lekumberry, East 326.60 feet to the Northwest corner of the land conveyed in Deed to Harold Krabbenhoft, et al, recorded April 7, 1970 in Book 75 of Official Records, at Page 241, Douglas County, Nevada; thence along the West boundary of said last land, South 61.82 feet to the Northeast corner of the land conveyed in Deed to Melvin Charles Simon, et ux, recorded April 5, 1972 in Book 98 of Official Records at Page 569, Douglas County, Nevada; thence along the North Boundary of said lands of Krabbenhoft and Simon, West 326.6 feet to THE POINT OF BEGINNING.

Assessors Parcel Number 1420-28-601-012

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 FEB 26 AM 11:48

LINDA SLATER
RECORDER

\$ 9.00 PAID *K* DEPUTY

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