Jack M. Alford, of legal age, being duly sworn, deposes and says

That Jacqueline Annell Alford, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jacqueline A. Alford named as one of the parties in that certain Deed of Trust dated September 18, 1997, executed by Robert J. Monte and Constance L. Monte, husband and wife as joint tenants to Jack M. Alford and Jacqueline A. Alford, husband and wife as joint tenants, recorded as Instrument No. 422971, on October 1, 1997, in Book 1097, Page 221-223, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 5 in Block H as set forth on that certain Official Plat of MACKLAND SUBDIVISION filed for record in the office of the County Recorder of Douglas County, Nevada on December 4, 1980 in Book 1280, page 475 as Document No. 51372, and is amended by Certificate under Document No. 109722.

Dated March 9, 2001	Jack M. Alford
STATE OF NEVADA )	Jack W. Alloid
county of alson City )	
On March 9, 2001 before me,	
the undersigned, a Notary Public in	(Type or print names under signatures)
and for said State and County, personally appeared <u>Jack M. Alford</u> .	
known to me to be the person whose	
name subscribed to the within	
instrument and acknowledged that	
he executed the same.	
Signature Repecca A. Kling Notary Public	

(This area for official notarial seal)

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

Escrow no. 970977-1C

CORCERS STATES OF STATES

No. 99-36499-3 My Appl. Exp. May 30, 2003

REBECCA A. KLING

NOTARY PUBLIC - NEVADA opt Recorded in CARSON CITY

SPACE BELOW FOR RECORDER'S USE

And when recorded mail to:

Name

Northern Nevada Title Company

Street

407 W Robinson Street

Address

City

Carson City NV 89703-3965

and State

0511576

BK0401PG0280

## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF HEALTH SERVICES**

CERTIFICATE OF DEATH

STA	TE FILE NUMBER	U	SE BLACK IN	·.	VS-11 (F	ES, WHITE	EOUTS OR			LUCAL	REGISTRATIO	N NUMBER
	1. NAME OF DECEDENT—FIRST (GIVEN)  JACQUELINE				ANNELL	<b></b>	· · · · · · · · · · · · · · · · · · ·		ALFO	ORD		( )
	4. DATE OF BIRTH MM 06/09/1927		73	MONTH		HOURS	MINUTES	6. sex	08	ATE OF DEATH 3/18/2000	)	0650
DECEDENT PERSONAL DATA	9. STATE OF BIRTH	10. SOCIAL SEC	1432		11. MILITA	X No		,	AARRIE	ED	12	ION-YEARS COMPLET
	CAUCASIAN			15. HISPANIC-SPECIFY				X	<u>LNo</u>			
	HOMEMAKER	· <del></del>		OWN 1	OF BUSINE	55					50	OCCUPATION
USUAL RESIDENCE	20. RESIDENCE—(STREE		22. 00				23. ZIP	CODE	<		INTV 25 STA	TE OR FOREIGN COUN
	LOMITA	IP	LOS	ANGI	ELES		9071	7.		60	CA	
NFORMANT												
SPOUSE AND PARENT INFORMATION	JACK			M.		1			LFORD	$\overline{}$	\	34. BIRTH ST
	JOHN 35. NAME OF MOTHER—	FIRST	3	_ 6. MIDD	LE D	_	$\mathcal{A}$	REII	MER	N)	<del>\</del>	. МО 38. вияти эт
	IVA 39. DATE MM/DD/CC							RIG			:	МО
FUNERAL												
DIRECTOR AND LOCAL	CR/RES			45.	NOT EN	46.	h.	L rock	HEGISTR	AR.	1 3~ 1	DATE M M / D D / C C
PLACE OF DEATH	NEPTUNE SOCIETY FD-1289 NEPTUNE SOCIETY 09/08/2000											
	RESIDENCE 105. STREET ADDRESS- 2007 W.259TH	45	MBER OR L	IP OCATION		DE DO	DA IL	CONV.	CAR	E OTHER	LOS A	NGELES
,	IO7. DEATH WAS CAUSE IMMEDIATE CAUSE (A)	CARDIORES				A, B, C, A	ND DI			TIME INTERVENTED ONS AND DEATH	er O v	H REPORTED TO CORONI
	DUE TO (B)	ADENOCARO	CINOMA,	PRIM	ARY SI	TE UNK	NOWN	_\		2 MONS	3 X <sub>v</sub>	ES NO
CAUSE OF DEATH	DUE TO (C)						1				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ES X NO
	DUE TO (D)	IT CONDITIONS CO	ONTRIBUTING	G TO DE	ATH BUT NO	OT RELATE	D TO CAL	ISE GIVE	N IN 107			ES X NO
	NONE 113, was operation f NO	PERFORMED FOR A	NY CONDITI	ION IN I	TEM 107 OF	1 1127 IF Y	E9, L15T	TYPE OF	OPERATIO	ON AND DATE.		
PHYSI- CIAN'S CERTIFICA- TION	114. I CERTIFY THAT TO EDGE DEATH OCCUP AND PLACE STATED DECEDENT ATTENDED SINCE M M / D D / C C Y Y O6/19/2000	FROM THE HOUR	STATED.	118. TYP	E ATTENDIN	IG PHYSIC	MAN S'NAI	JE, MAIL			C	DATE M M / D D / C C 09 / 07 / 2000 LTA, CA90717
ORONER'S USE ONLY	I CERTIFY THAT IN OCCURRED AT THE STATED FROM THE 119. MANNER OF DEATH NATURAL SUIC ACCIDENT INVE	HOUR, DATE AND CAUSES STATED, H CIDE HO DING STIGATION DET T AND NUMBER O	MICIDE JILD NOT BE ERMINED R LOCATION	YES 124. DES	NO CRIBE HOW	121. INJ	OCCURRED	M M / D D	rs which	122, HOUR 12	23. PLACE OF	
991	A   B	lc /	[B ]	E	F	G		н		AUTH. #		CENSUS TRAC
STATE	, , , , , , , , , , , , , , , , , , , ,	1 - 4	1.1	1 "	1.	. 1	,					

90029918



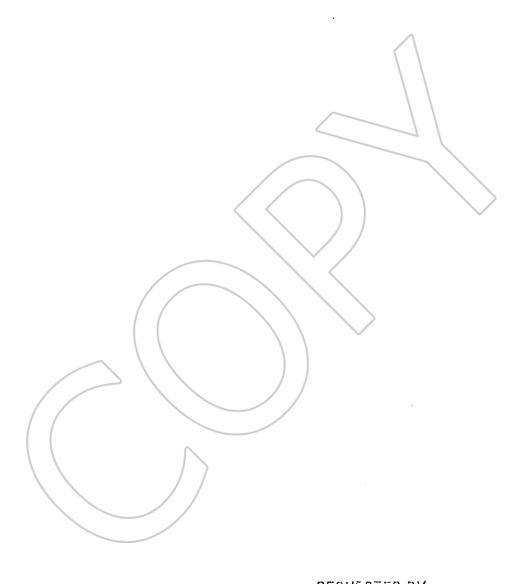
This is a true certified copy of the record-filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Services and Registrar

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





REQUESTED BY Northern Nevada Title Company

IN OFFICIAL RECORDS OF DOUGLAS CO. 1 3740A

2001 APR -2 PM 2: 54

LINDA SLATER
RECORDER

PAID K DEPUTY

**0511576** BK0401PG0282