

A.P. No. 1220-09-810-035  
Escrow No. 2001-43334-KK

WHEN RECORDED MAIL TO:

*Yvonne Adcock*  
*4603 El Macero Dr.*  
*Davis, CA 95614*

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

**Yvonne L. Adcock, a widow**

That Lloyd P. Adcock, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lloyd P. Adcock, named as one of the parties in that certain Grant Deed dated Feb. 27th, 1973, executed by Jesse G Hayne and Elsie G. Hayne to Lloyd P. Adcock and Yvonne L. Adcock, his wife, as joint tenants, recorded as Instrument No. 64928 on March 27th, 1973 in book 373, page 716, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of, County of Douglas, State of Nevada:

Lot 372, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada,, on June 1, 1965, in Book 31, at Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, at Page 797, as Document No. 28377.

Dated

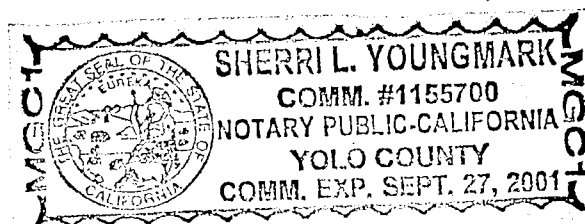
*4/19/01*

*Yvonne L. Adcock*  
Yvonne L. Adcock

Subscribed and sworn to before me this 19th day of April, 2001

By *Sherril Youngmark*

*Sherril L. Youngmark*  
Notarial Officer



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO

WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

57 0579

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	
LLOYD		PHILLIP		ADCOCK		Sept. 14, 1985		1700	
DECEDENT PERSONAL DATA	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
	Male	white	NO	April 2, 1936		49 YEARS	MONTHS	DAYS	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
	CA		Lloyd Adcock; CO		Dora Caster; CO				
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		
U.S.A.		1954 TO 1957		4820	Married		Yvonne Zoghbi		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS				
Business Representative		6	Teamsters Union #490		Teamsters' Union				
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN				
	4603 El Macero Dr.				Davis				
PLACE OF DEATH	21A. PLACE OF DEATH			21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
	Woodland Memorial Hospital			Yolo		Yvonne Adcock; wife			
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		4603 El Macero Dr. Davis, CA 95616			
1325 Cottonwood St.			Woodland						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	
	(A) Hepatic & renal failure							4 days	No
	(B) Malignant large cell lymphoma						21 mos.	25. WAS BIOPSY PERFORMED?	
	(C)							Yes	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
						Cholecystectomy		6/20/85	
PHYSICIAN'S CERTIFICATION	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		
	4/20/85			E. C. Hoppin M.D.		9/1/85	622477		
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR			
CORONER'S USE ONLY	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-INVIGATION)			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			
Burial		9-18-85		Holy Sepulchre Cemetery, Hayward		6307 James P. Mummet			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		DATE ACCEPTED BY LOCAL REGISTRAR		
Sorensen Bros., Hayward			F-126		H. O. Bates, Jr. M.D.		SEP 17 1985 Emr		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	177		

SEAL

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF YOLO

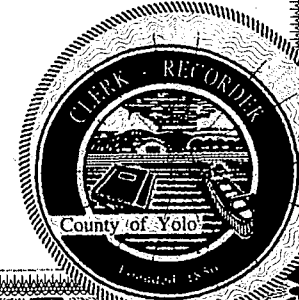
This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY CLERK-RECORDER.

DATE ISSUED

APR 19 2001

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.

TONY BERNHARD  
YOLO COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  

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IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 APR 24 AM 11:37

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID Kg DEPUTY

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