

ESCROW NO. 010301500
A.P.N. # 1320-02-002-070
1320-02-002-071
1320-02-002-072
1320-02-002-073

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

BETTY JEAN MILLER
109 PINWOOD COURT
COTATI, CA 94931

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.

BETTY JEAN MILLER, of legal age, being first duly sworn, deposes and says:
That JOSEPH K. MILLER, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as JOSEPH KENNETH MILLER
named as one of the parties in that certain DEED dated December 05, 1966
executed by FRED J. STARBUCK, AN UNMARRIED MAN
to JOSEPH KENNETH MILLER AND BETTY JEAN MILLER, HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 34803, on December 05, 1966
in Book 46, Page 246, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: July 09, 2001

Betty Jean Miller
BETTY JEAN MILLER

STATE OF California }
COUNTY OF Sonoma } ss.

This instrument was acknowledged before me on 7-16-2001,
by, BETTY JEAN MILLER

Signature *Shirley Ann Parks*
Notary Public



0520155

BK 080 | PG | 859

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2001-49-001401

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00) LOCAL REGISTRATION NUMBER _____

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH		2. MIDDLE K.		3. LAST (FAMILY) MILLER		
	4. DATE OF BIRTH M M / D D / C C Y Y 04/10/1920		5. AGE YRS. 81		6. SEX M		7. DATE OF DEATH M M / D D / C C Y Y 05/01/2001
	9. STATE OF BIRTH Ohio		10. SOCIAL SECURITY NO. 3546		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married
	14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER U.S. Government		
USUAL RESIDENCE	17. OCCUPATION Engineer						18. KIND OF BUSINESS Civil Engineering
	19. YEARS IN OCCUPATION 38						
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 109 Pinewood Court						
INFORMANT	21. CITY Cotati		22. COUNTY Sonoma		23. ZIP CODE 94931		24. YRS IN COUNTY 31
	25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Sandra VonBima Daughter				
SPOUSE AND PARENT INFORMATION	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 837 Rincon Way, San Rafael, CA 94903						
	28. NAME OF SURVIVING SPOUSE—FIRST Betty		29. MIDDLE Jean		30. LAST (MAIDEN NAME) Starbuck		
	31. NAME OF FATHER—FIRST Floyd		32. MIDDLE -		33. LAST Miller		34. BIRTH STATE Ohio
	35. NAME OF MOTHER—FIRST Ethel		36. MIDDLE -		37. LAST (MAIDEN) Potter		38. BIRTH STATE Ohio
DISPOSITION(S)	39. DATE M M / D D / C C Y Y 05/04/2001		40. PLACE OF FINAL DISPOSITION Pleasant Hills Memorial Park, 1700 Pleasant Hill Rd. Sebastopol, CA 95472				
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Martin D. Rodgers</i>			43. LICENSE NO. 5345	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR PARENT-SORENSEN MORTUARY -SEB		45. LICENSE NO. FD1415		46. SIGNATURE OF LOCAL REGISTRAR <i>Mary Maddux-Gongly</i>		47. DATE M M / D D / C C Y Y 05/03/2001
	101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input 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 Sonoma
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 109 Pinewood Court						
	106. CITY Cotati						
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						
	IMMEDIATE CAUSE (A) Renal Failure		TIME INTERVAL BETWEEN ONSET AND DEATH Months		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 01-0723		
	DUE TO (B) Diabetes Mellitus		Years		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 type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Coronary Artery Disease							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. -							
PHYSICIAN'S CERTIFICATION	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 / D D / C C Y Y 01/05/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>R. Holve MD</i>		116. LICENSE NO. G 43929		
	DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y 04/06/2001		117. DATE M M / D D / C C Y Y 05/02/2001				
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RICHARD HOLVE MD 401 Bicentennial Way, Santa Rosa, CA 95403						
	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 M M / D D / C C Y Y		
	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 / D D / C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR							

341857

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA

DATE ISSUED
06/19/2001

Mary Maddux-Gongly
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0520155

BK0801PG1860

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 010301500

Parcels 1,2,3, and 4, as set forth on that certain Parcel Map LDA# 99-082 for JOSEPH KENNETH AND BETTY JEAN MILLER filed for record August 3, 2000, in Book 0800 of Official Records, at Page 579, as Document No. 497064.

APN'S 1320-02-002-070,071,072 and 073.

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 AUG -7 PM 3: 09

LINDA SLATER
RECORDER

\$ 9.00 PAID KY DEPUTY

0520155
BK0801 PG 1861