

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA)

COUNTY OF Shasta)

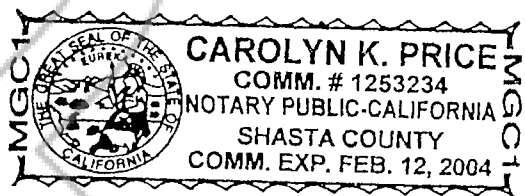
On 9/13/01 before me, CAROLYN K PRICE
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, William B. ROUTT

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Carolyn K Price (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Affidavit - Death of Joint Tenant

DATE OF DOCUMENT 9-13-01 NUMBER OF PAGES 2

SIGNER(S) OTHER THAN NAMED ABOVE none

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT
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0523113

CERTIFICATE OF DEATH

39545 001031

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER:

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Martha		2. MIDDLE E		3. LAST (FAMILY) Routt								
	4. DATE OF BIRTH MM/DD/CCYY 05/25/1930		5. AGE YRS. 65	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX F	7. DATE OF DEATH MM/DD/CCYY 08/14/1995		8. HOUR 1530				
	9. STATE OF BIRTH NM	10. SOCIAL SECURITY NO. 5959		11. MILITARY SERVICE 19__ To 19__ <input type="checkbox"/> NONE			12. MARITAL STATUS Married	13. EDUCATION—YEARS COMPLETED 12					
	14. RACE Cauc.		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self								
USUAL RESIDENCE	17. OCCUPATION Homemaker								18. KIND OF BUSINESS Home		19. YEARS IN OCCUPATION 26		
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 23012 Ash Creek Rd. #14								21. CITY Anderson	22. COUNTY Shasta	23. ZIP CODE 96007	24. YRS IN COUNTY 17	25. STATE OR FOREIGN COUNTRY CA
	26. NAME, RELATIONSHIP William Routt, Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 23012 Ash Creek Rd. #14 Anderson, CA 96007								
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST William		29. MIDDLE B.		30. LAST (MAIDEN NAME) Routt								
	31. NAME OF FATHER—FIRST Lawrence		32. MIDDLE Unk.		33. LAST Gardner			34. BIRTH STATE PA					
	35. NAME OF MOTHER—FIRST Lola		36. MIDDLE Unk.		37. LAST (MAIDEN) Rainbolt.			38. BIRTH STATE MO					
	39. DATE MM/DD/CCYY 08/16/1995		40. PLACE OF FINAL DISPOSITION Residence of William Routt 23012 Ash Creek Rd. #14 Anderson, CA 96007										
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER <i>[Signature]</i>			43. LICENSE NO. 4475						
	44. NAME OF FUNERAL DIRECTOR Anderson's Chapel			45. LICENSE NO. Fd 864	46. SIGNATURE OF LOCAL REGISTRAR, M.D., M.P.H. <i>[Signature]</i> BY: M. L. Palis, Deputy			47. DATE MM/DD/CCYY 08/16/1995					
PLACE OF DEATH	101. PLACE OF DEATH 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. <input type="checkbox"/> OTHER			104. COUNTY Shasta			
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 23012 Ash Creek Rd. #14						106. CITY Anderson						
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) Metastatic Adenocarcinoma Moderately Differentiated						TIME INTERVAL BETWEEN ONSET AND DEATH Mos.	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
	DUE TO (A)							109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	DUE TO (B)							110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (C)							111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
	DUE TO (D)												
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 1974 H/O Breast Cancer, 1961 H/O Cervical Cancer, Tobacco Abuse													
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. 1974 Left Modified Radical Mastectomy, 1961 Hysterectomy													
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 MM/DD/CCYY 07/18/1995			DECEDENT LAST SEEN ALIVE MM/DD/CCYY 08/03/1995			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MO		116. LICENSE NO. G073861	117. DATE MM/DD/CCYY 08/15/1995			
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Jed Freeman M.D. 2626 Edith Ave. Redding, CA 96001												
CORONER'S USE ONLY	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 AND ZIP CODE)												
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>				127. DATE MM/DD/CCYY			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT			

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above name decedent as registered in this office.

DATED: **AUG / 16 / 1995**
0523113

BK0901PG4619

[Signature]
Andrew W. Deckert, M.D., M.P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Breslauer Way
Redding, CA 96001

VITALS STATEMENT MUST SHOW EMBOSSEMENT SEAL

SEAL

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 9992001

BEGINNING at a point which is the Southwest corner of Lot 24 of Artemisia Subdivision as filed in the Office of the Douglas County Recorder Office on August 10, 1959, as File No. 14758; thence South 89°58' West a distance of 148 feet to a point; thence North 0°09'10" East a distance of 321.25 feet to a point; thence North 89°58' East a distance of 148 feet more or less to a point which is the Northwest corner of said lot 24; thence Southerly along the West line of said Lot 24, 321.25 feet to the Point of Beginning.

Being a portion of the Southwest quarter of the Southwest quarter of Section 34, Township 14 North, Range 20 East, M.D.B. & M.

EXCEPTING THEREFROM all that portion lying within Kayne Avenue, as shown on the Re-Subdivision of Artemisia Subdivision filed in the Office of the Douglas County Recorder on April 23, 1962, as File No. 19909.

"IN COMPLIANCE WITH NEVADA REVISED STATUE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED MARCH 25, 1971 IN BOOK 85, PAGE 144 AS FILE NO. 51980, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

ASSESSOR'S PARCEL NO. 1420-34-401-002

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EXHIBIT "B"

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, particularly described as follows, to-wit:

A parcel of land, located in the NE 1/4 NW 1/4 of Section 31, Township 14 N., R 21 E., M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Commencing at a found brass cap, which is the West 1/4 corner of Section 31, T. 14 N., R. 21 E., M. D. B. & M., proceed No. 86° 50' E., 1,176.59 feet; thence N 00° 08' 30" W., 1,628.46 feet, to the TRUE POINT OF BEGINNING, which is the northwest corner of the parcel; thence N 86° 50' 50" E., 646.52 feet, to the northeast corner; thence S 00° 08' 30" E., 337.34 feet, to the southeast corner, thence S. 86° 50' 50" W., 646.52 feet, to the southwest corner; thence N 00° 08' 30" W., 337.34 feet to the TRUE POINT OF BEGINNING, containing 5.0 acres, more or less, subject to a 60-foot easement lying adjacent to and easterly of the west boundary of the parcel, for public road and utilities.

Assessor's Parcel No. 1421-00-002-013

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

2001 SEP 20 AM 11:03

LINDA SLATER
RECORDER

\$11⁰⁰ PAID *KJ* DEPUTY

0523113

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