A.P.N: # 1220-21-810-036 ESCROW NO. 010303100

APN 1220-21-810-036

RECOING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

FRANK M. KILIAN
5132 FEATHER ROCK COURT
PARADISE, CA 95969-6664

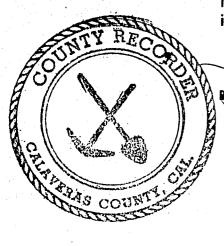
AFFIDAVIT - DEATH OF JOINT TENANT

AFFIDAVII - DEATH OF JOHNI TENANI
STATE OF NEVADA }
COUNTY OF DOUGLAS ss.
FRANK M. KILIAN , of legal age, being first duly sworn, deposes and says:
That DOLORES ELAINE KILIAN , the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as DOLORES E. KILIAN
named as one of the parties in that certain DEED OF TRUST dated October 11, 1991
executed by DAVID F. KILIAN and SHARON L. KILIAN
FRANK M. KILIAN and DOLORES E. KILIAN, husband and wife
as joint tenants, recorded as Instrument No. 262706 , on October 14, 1991
n Book 1091 , Page 2623 , of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:
Lot 55, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.
Assessors Parcel No. 1220-21-810-036
DATE: November 30, 2001
FRANK M. KILIAN
STATE OF Cafefornia } ss.
This instrument was acknowledged before me on lecenter to 2001 Signature William W. April 24, 2004 Notary Public Notary Public

This is a true certified copy of the record if it bears the seal of the County Recorder imprinted in purple ink.

KAREN VARNI, Recorder CALAVERAS COUNTY, CALIPORNIA

DEPUTY



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7607		1	

	••		FICATE OF		\ .		N. Committee
		S	TATE OF CALIFO		LOCAL PEGISTE	NATION DISTRICT AND CE	PTIEICATE NUMBER
	STATE FILE NUMBER	1B. MIDDLE	USE BLACK INK OF		المستخدم المستحدث المستحدث المستحدث المستحدث المستحدد المستحد المستحدد المس	DEATH-MO, DAY, YR	
	1A. NAME OF DECEDENT—FIRST (GIVEN)	18. MIDDLE	IO. LAST	VWIF()	\ \		EB. HOOK
	Dolores	Elaine	/ Kili	i.an 🔪	Feb. 5	. 1992	2000 F
	4. RACE	5. SPANISH/HISPANIC—S		ATE OF BIRTH-MO, D			IF UNDER 24 HOURS
			\ \\		YEARS	MONTHS DAYS	HOURS MINUTES
	White	YES	X No Se	pt. 22, 19	28 63	i i	<u>. i </u>
DECEDENT	8. STATE OF 9. CITIZEN OF WHAT	10A. FULL NAME	OF FATHER		1A. FULL MAIDEN	NAME OF MOTHER	11B. STATE OF
PERSONAL	BIRTH COUNTRY		_ \	BIRTH	/		OR
DATA	CA USA	Floyd Wa	llace		<u>Edna Huds</u>		
•	12. MILITARY SERVICE? 13	. SOCIAL SECURITY NO.	14. MARIT	AL STATUS 15.	NAME OF SURVIVI	NG SPOUSE (IF WIFE,	ENTER MAIDEN NAME
	X NOVE	222	Marr	1 A	rank Kil	lian	
	19 10 19 [] NONE	233					-YEARS COMPLETED
	16A. USUAL OCCUPATION	16B. USUAL KIND OF BU	SINESS 16C. US	UAL EMPLOYER	16D. YEARS IN		-TEARS COMPLETED
	Interior	Home Inter	iore S	elf	1.5	12	
	Designer 18A. RESIDENCE—STREET AND NUMBE		TOTAL D	CTT	18B. CITY		18C. ZIP CODE
	18A. RESIDENCE-STREET AND NUMBE	R OR LOCATION		1	N.		1
USUAL	20351 Smith Roa	ď	1 1	· \	Mokelı	ımne Hill	95245
RESIDENCE	18D. COUNTY		R OF YEARS 18F. ST.	ATE OR FOREIGN COUNT	RY 20. NAME, RELA	TIONSHIP, MAILING ADDI	RESS
			COUNTY			DE OF INFORMANT	ah an d
	Calaveras	8	Cal	ifornia		Kilian-Hu	Spand
	19A. PLACE OF DEATH			COUNTY		3ox 115	
PLACE	Posidonso	ONE: IP.	ER/OP, DOA	laveras	Mt. Ra	anch, CA.	95246
OF	Residence 19D. STREET ADDRESS—STREET AN	IN NUMBER OF LOCATION	19E. CITY	Taver as	-	22. WAS DEATH REPO	
DEATH	19D. STREET ADDRESS—STREET AN	ID NUMBER OF LOCATION	195. 0.77		TIME INTERVAL BETWEEN ONSET	REFERPA	L NUMBER NO
	20351 Smith Roa	a 🔪	Mokelumr	e Hill	AND DEATH	X YES DP	P2 No
	21. DEATH WAS CAUSED BY: (EN		PER LINE FOR A, B,	AND C)		23. WAS BIOPSY PERF	ORMED?
	CAUSE (A) KESPIK	ATORY FA	ILURE /		mmed	YES	No
CAUSE	(24A. WAS AUTOPSY P	ERFORMED?
OF	(METAS	TATIC ADEI	VARADRINIA	na a	▶! / Un	T YES Z	NO
DEATH	DUE TO (B) //C/75	HUB!	OCHEC/IVE	THE PARTY OF THE P	7'	24B. WAS IT USED IN I	
- / /						OF DEATH?	1
- / /	DUE TO (C)		and the same of th		▶ ¦	YES	NO
-1 -1	DUE TO (C) 25. OTHER SIGNIFICAN CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO CAU	SE GIVEN IN 21 26. W		RMED FOR ANY CONDITIO	N IN ITEM 21 OR 25?
				IF'	YES, LIST TYPE OF OPE	RATION AND DATE.	
						·····	
1 1	I CERTIFY THAT TO THE BEST OF MY KN OCCURRED AT THE HOUR, DATE AND PL		B. SIGNATURE AND DE	PREE OR TITLE OF PHYSI	CIAN 27C. PHYSICI	AN'S LICENSE NUMBER	27D. DATE SIGNED
PHYSI-	CAUSES STATED.	ACE STATED FROM THE	· KChm//C	flow m)	439	160+	116/91
CIAN'S	27A. DECEDENT ATTENDED SINCE DECE	DENT LAST SEEN ALIVE	TYPE ATTENDING	PHASICIAN'S NAME A	ND ADDRESS		•
CERTIFICA- TION	MONTH, DAY, YEAR	MONTH, DAY, YEAR	E. TIPEIXITENDING	PHISICIAN'S NAME A	579 Hwy	#49	
HOL	7-2-85	1-3-91 F	Ralph Delg	ado M.D.	San Andı	reas, CA.	95249
	I CERTIFY THAT IN MY OPINION DEATH	OCCURRED AT 28	BA. SIGNATURE AND TIT	LE OF CORONER OR DEF		28	BB. DATE SIGNED
/	THE HOUR, DATE AND PLACE STATED						
,	STATED.						
CORONER'S	29. MANNER OF DEATH—specify one: natu	ral, accident, 30A. PLACE	OF INJURY	¦ 3	OB. INJURY AT WOR	K 30C. DATE OF INJUI MONTH, DAY, Y	
USE	suicide, homicide, pending investigation or could not	be determined			YES NO	- 1	
ONLY	20 100 100 100 100 100 100 100 100 100 1	D LOCATION AND CITY)		33 DESCRIBE HO		<u> </u>	TED IN INJURY)
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH						
						*	
	34A. DISPOSITION(S) 34B. PLACE	OF FINAL DISPOSITION—NA	ME AND ADDRESS	34C. DATE	l l	URE OF EMBALMER	35B. LICENSE
FUNERAL	Cremation 20351	Smith Road	1	MO, DAY, Y			NUMBER
DIRECTOR	Residence Mokel		CA. 95245			<u>Embalmed</u>	
AND LOCAL	36A. NAME OF FUNERAL DIRECTOR (OR	PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF L	OCAL REGISTRAR	38. RI	EGISTRATION DATE
REGISTRAR	San Andreas Mam	11 Chanal	742	KAREN VA	DATE 10		
	San Andreas Mem					CENSUS.	TRACT
STATE	A. B.	^{c.} 05	30884	RK 2 f	11682	D B	
DECICTOAD		0.0	~ ~ ~ ~ ~ .	101/16	/ I I U U 🗠 .		



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KAREN VARNI, Recorder CALAVERAS COUNTY, CALIFORNIA

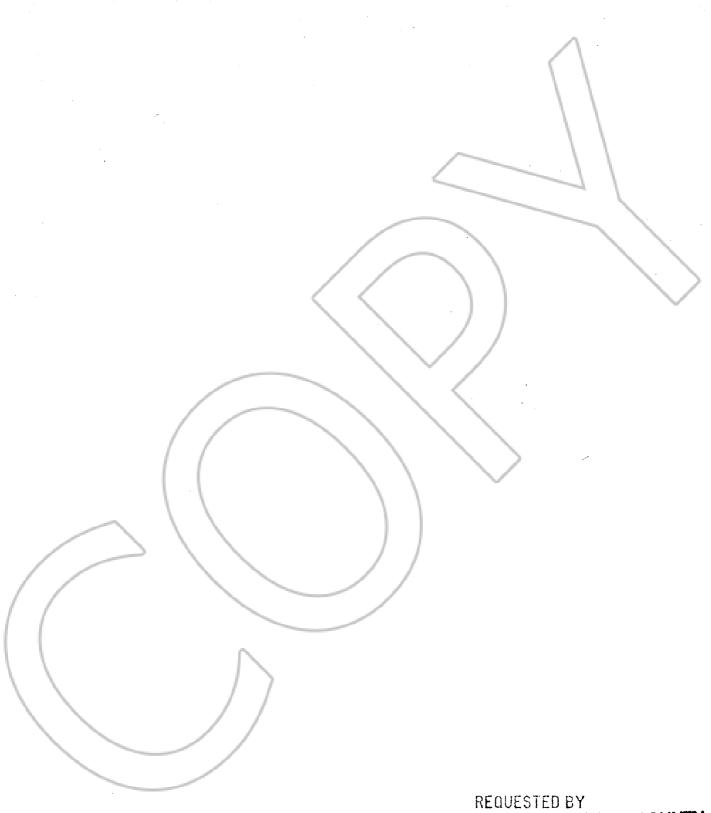
DEPUTY, DEPUTY

AFFIDAVIT TO AMEND A RECORD

STATI	E FILE NUMBER BIRTH DEATH DEATH LOCAL REGISTRATION DISTRICT	AND CERTIFICATE NUMBER				
PART I II	NFORMATION ON ORIGINAL CERTIFICATE					
	1A. NAME-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)					
	Dolores Elaine Kilian					
TYPE OR PRINT IN	2. SEX 3. DATE OF EVENT-MONTH, DAY, YEAR 4A. CITY OF OCCURRENCE 4B. COUNTY OF OC	CCURRENCE				
BLACK INK	F Feb. 5, 1992 Mokelumne Hill Calavera	as				
ONLY	5. FULL NAME OF FATHER 6. FULL MAIDEN NAME OF MOTHER					
	Floyd Wallace Edna Hudson					
PART II	STATEMENT OF CORRECTIONS					
	7. CERTIFICATE 1TEM NUMBER 88. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE 88. INFORMATION AS IT SHOULD BE	STATED				
	NOMBER					
LIST ONE	13 2337 0483					
ITEM PER						
LINE	2052					
REASON FOR	9. Incorrect Information					
CORRECTION						
PART III	SUPPORTING AFFIDAVITS					
I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the given above is true and correct.						
FIRST	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT 10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM	1 10c. DATE SIGNED				
SUPPORTING AFFIDAVIT	► Sunaral Director	2/6/92				
10D. AGE OF PERSON COM- 10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)						
	Legal P.O. Box 328-San Andreas, CA. 95249					
	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and t	hat the information				
SECOND SUPPORTING AFFIDAVIT	given above is true and correct.	1				
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT 11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM					
	Mortician Mortician	2/6/92				
	11D. AGE OF PERSON COM- 11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)					
	Legal P.O. Box 1401-San Andreas, CA. 95249					
STATE/LOCAL REGISTRAR USE ONLY	12. OFFICE OF STATE OR LOCAL REGISTRAR 13. DATE ACCEPTED FOR Aren aren aren aren aren aren aren aren a	992				

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR 0530884

VS 24 (REV. 1/89)



STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2001 DEC 26 AM 10: 38

LINDA SLATER RECORDER

\$ 17 PAID & DEPUTY

0530884 BK 120 1 PG 8300