1022-16-001-108 A.P.N. # / 1977/1979/1919 ESCROW NO. 010103404

**THIS DOCUMENT IS BEING RE-RECORDED OTO CORRECT THE ASSESSORS PARCEL NUMBER.

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

JAMES RIDDLE 2009 MOnticello Modesto, CA. 95350

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORN'A }
COUNTY OF STAW15445 ss.

JAMES RIDDLE	_, of legal age, being first duly sworn, deposes and says:
That Helene Bernice Riddle	the decedent mentioned in the attached certified conv
of Certificate of Death, is the same person as HELENE	RIDDLE
named as one of the parties in that certain GRANT DEED	dated June 21, 2000
executed by JAMES BLARE AND YVONNE BLARE	
to JAMES RIDDLE AND HELENE RIDDLE,	HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 0495120	on June 30, 2000
in Book 0600 , Page 6601 , of Officia	Records of DOUGLAS
County, Nevada, covering the following described property situ	ated in the DOUGLAS
County. State of Nevada:	

LOT 2, AS SHOWN ON THE MAP ENTILED, TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD NOVEMBER 16, 1970, AS DOCUMENT NO. 50212.

JAMES RIDDLE

DATE: December 19, 2001

STATE OF <u>CALIFORNIA</u> } ss. COUNTY OF <u>STAWIS 4445</u> }

This instrument was acknowledged before me on DEZ 24 wolf, by, + 1 MES KIDDLE

Signature

Notary Public

N N

E. F. MYER

COMM. # 1291116

NOTARY PUBLIC - CALIFORNIA 3

STANISLAUS COUNTY

My Comm. Expires FEB 15; 2005

0532359BK0102PG4087

0530945 BK | 20 | PG8772

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DECEASED—NAME First	ER 2058		Last	DATE OF DEATH (M	onth, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
. : Helene	Bernice	RIDDI	LE	2. August 2	21, 2001	3a. Washoe
CITY, TOWN OR LOCATION OF	DEATH HOSPITAL OR OT	THER INSTITUTION—Name	(If not either, give stre	et and number) If	Hosp. or Inst. indicate DC m. Inpatient (Specify)	OA, OP/Emer. SEX
36. Sparks		e Pacific Ho		3	. Inpatient	4. Fe
RACE—(e.g., White, Black, Amelindian, etc.) (Specify) 5. White	6.	Origin? Specity □ yes 🌠 r luerto Rican, etc.	_{7a.} 56	7b. :	S HOURS MINS 7c.	DATE OF BIRTH (Mo., Day 8 August 31,
STATE OF BIRTH (If not U.S.A., name country) 9a. Florida	CITIZEN OF WHAT CO TRY 96. U.S.A	grade completed. 10.	tion. Specify highest	MARRIED, NEVER WIDOWED, DIVORO (Specify) Marri	ed 12.	AVIVING SPOUSE (II wife, give n James Riddle
SOCIAL SECURITY NUMBER	Working Life, Even if R			KIND OF BUSINES		
13798 RESIDENCE—STATE	4 14a. Offic	e Administra	No.		icking	I INSIDE CITY LIMIT
15a. Nevada	15b. Douglass	15c. Well:	ington	15d. 3 7	'll Granite	(Specify Yes or No 15e. NO
FATHER—NAME First	Middle	Last	MOTHER—MAIDE	N NAME First	Mick	lle Last
16. INFORMANT—NAME (Type or P	Print)	MAILING AD	17.	(Street or B F I). No., City or Town, State	70)
이 이렇게 하는 것은 사람들에게 된다.			The same of the sa		on, Nevada	생성하고 가스 살림생생이다. 이
18a. James Ri		TERY OR CREMATORY	1988			or Town State
19a Cremation		Sierra Cre	natory	X	_{9c.} Reno	Nevada
FUNERAL DIRECTOR—SIGNAT	TURE FUNE	RAL DIRECTOR . I NAME	AND ADDRESS OF FA		ern Nevada	Memorial
(Or Person Acting as Such)	LICEN 20b.	SE NUMBER 20c.	616 S. We		Reno Nevad	
	owledge, each occurred at the time,	date and blace and	2	2a. On the basis of ex	amination and/or investiga	tion, in my opinion death occurrences, and manner stated.
A CONTROL OF ATTENDING THE CONTROL OF ATTENDIN		Start of		Signature and Title)	nd place and due to the c	ause(s) and manner stated.
DATE SIGNED (Mo.,		DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ATE SIGNED (Mo., D.	ay, Yr.) HOUI	R OF DEATH
50 21b. 8/28/	21c.	1355		Źb.	22c.	
NAME OF ATTENDIN	NG PHÝSICIAN IF OTHER THAN CE	, v ₂ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28 P	RONOUNCED DEAD	(Mo., Day, Yr.) PROI	NOUNCED DEAD (Hour)
트표 Ö 21d.		And the second s	-2	2d. ON	220.	^ ^
	SS OF CERTIFIER (PHYSICIAN, ATT	FENDING PHYSICIAN, MEI				LICENSE NUMBER
23a Richa	ard Priest, MD 5	0 Kirman Av	e. #305, R	eno, Neva	la 89502	23b. 3950
REGISTRAR			E RECEIVED BY REGIS		DEATH DUE TO COMM	<u> </u>
24a. (Signature)	nd Sulder	Dep. 24b.	August 29	2001	24c. YES□ NO	CX
	ENTER ONLY ONE CAUSE PER LIN		Hugust 25	, 2001		Interval between onset and
Card	liopulmonary Arr	Act	/			5-10 Minutes
<u> </u>	A CONSEQUENCE OF:	esc				Interval between onset and
	itory Failure					5-10 Days
	A CONSEQUENCE OF:		<u>. Partus en la francia de la f</u> rancia de la francia de la			Interval between onset and
	현실 기업을 가장하는 이 경우를 했다.					하고의 교육된 필요
A WII	S (Adult Respira				JTOPSY (Specify	5-10Days Was case Referred to
		ning to death but not result	ng in the underlying cau		JTOPSY (Specify Yes or No) . NO	CORONER (Specify Yes or 27. NO
PART OTHER SIGNIFICANT	Compain			1 26	. 110	27. 210
PART OTHER SIGNIFICANT		HOUR OF INJURY	DESCRIBE HOW IN.II			
PART OTHER SIGNIFICANT Yeast ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJU			
PART OTHER SIGNIFICANT	DATE OF INJURY (Mo., Day, Yr.) 1 28b.	28c. M	28d.	JRY OCCURRED	No. Oraș Ci	D TOWN STATE
PART OTHER SIGNIFICANT Yeast ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) 1 28b. 2 PLACE OF INJURY—At home, fa building, etc.	28c. M	28d. LOCATION.		. No. CITY OI	R TOWN STATE
PART OTHER SIGNIFICANT Yeast ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) 1 28b. 2 PLACE OF INJURY—At home, fa	28c. M	28d.	JRY OCCURRED		181327

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deput 5 30a9

BK 120 1 PG 8 7 7 3

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 010103404

Lot 2, in Block J, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Assessor's Parcel No. /1/0/2/2/-/1/6/-/0/1/6/-/ 1022-16-001-108

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

2001 DEC 26 PM 3: 34

LINDA SLATER
RECORDER

6 PAID K DEPUTY

0532359 BK0102PG4089

BK 120 19539945



0532359 BK0102PG4090

2002 JAN 15 PM 3: 59

LINDA SLATER RECORDER

\$17 PAID BC DEPUTY