

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME ARLENE R FREDIEU

STREET ADDRESS P.O. BOX 4162

CITY, STATE & ZIP CODE STATELINE, NV 89449

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

ARLENE R. FREDIEU, of legal age, being first duly sworn, deposes and says:

That ALVIN C. FREDIEU, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALVIN C. FREDIEU named as one of the parties in that certain DEED dated MARCH 17, 1978, executed by GURA NEVADA, INC.

to ALVIN C FREDIEU + ARLENE R. FREDIEU as joint tenants, recorded as Instrument No. 18703, on MARCH 17, 1978, in Book 378, Page 1186, of the Official Records in the Office of the County Recorder of DOUGLAS County, State of NV, concerning the following described real property situated in the City of KINGSBURY MEADOWS STATELINE, County of DOUGLAS, State of NV:

LOT 22, BLOCK D, AS SHOWN ON THE MAP OF KINGSBURY MEADOWS SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, JULY 5, 1955, DOCUMENT NO. 10542.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ _____.

Dated _____, _____.

Arlene R. Fredieu
(SIGNATURE OF JOINT TENANT)

ARLENE R. FREDIEU
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

(SIGNATURE OF JOINT TENANT)

(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME this 23rd day of January, 2002.

Terry Lundergreen
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO: _____



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3 200109

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11-(REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ALVIN		2. MIDDLE COOLIDGE		3. LAST (FAMILY) FREDIEU			
4. DATE OF BIRTH MM/DD/CCYY 01/03/1925		5. AGE YRS 76		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 12/28/2001	
8. HOUR 2120		9. STATE OF BIRTH LA		10. SOCIAL SECURITY NO. 7468		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12					
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER HARRAH'S TAHOE			
17. OCCUPATION GARAGE MANAGER		18. KIND OF BUSINESS RESORT HOTEL & CASINO		19. YEARS IN OCCUPATION 15			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 174 JUNIPER DR.							
21. CITY STATELINE		22. COUNTY DOUGLAS		23. ZIP CODE 89449		25. STATE OR FOREIGN COUNTRY NEVADA	
24. VRS IN COUNTY 23		26. NAME, RELATIONSHIP ARLENE R. FREDIEU - WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 4162, STATELINE, NV 89449		28. NAME OF SURVIVING SPOUSE—FIRST ARLENE					
29. MIDDLE RUTH		30. LAST (MAIDEN NAME) SAWITZKY				34. BIRTH STATE LA	
31. NAME OF FATHER—FIRST BENEAU		32. MIDDLE		33. LAST FREDIEU		36. BIRTH STATE MS	
35. NAME OF MOTHER—FIRST NANCY		36. MIDDLE		37. LAST (MAIDEN) ROBERTS		38. BIRTH STATE	
39. DATE MM/DD/CCYY 01/03/2002		40. PLACE OF FINAL DISPOSITION ARLENE R. FREDIEU, 174 JUNIPER DR., STATELINE, NV					
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>		47. DATE MM/DD/CCYY 12/31/2001	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" 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 EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION		TIME INTERVAL BETWEEN ONSET AND DEATH Inmed.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 01-11679			
DUE TO (B) NON-INSULIN DEPENDENT DIABETES MELLITUS		Years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) HYPERTENSION		Years		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 None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
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 / DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Tom Hill</i>		116. LICENSE NO.		117. DATE MM/DD/CCYY	
119. MANNER OF DEATH <input checked="" 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)					
CORONER'S USE ONLY		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Tom Hill</i>		127. DATE MM/DD/CCYY 12/31/2001		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER TOM HILL, DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 3937		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED

01/09/2002

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



COPY

REQUESTED BY
Arlene Fredien
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN 23 AM 11:38

LINDA SLATER
RECORDER

\$16⁰⁰ PAID 2 DEPUTY

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