

AFFIDAVIT - DEATH OF JOINT TENANT

A PORTION OF A.P.N. 05-241-230

STATE OF NEVADA)
County of Douglas)
ss.

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMPANIMENT ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

FIRST AMERICAN TITLE CO.

LAURA LICON, of legal age, being first duly sworn, deposes and says:

That EUGENE VALJEAN LICON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

EUGENE V. LICON, named as one of the parties in that certain Grant Deed, dated June 16, 1977

executed by JOSEPH GRECO and ANGLIN GRECO

to EUGENE V. LICON and LAURA LICON, husband and wife,

as Joint Tenants, recorded as Document No. 10516 on June 27, 1977

Book 677, Page 1697, Douglas County, State of Nevada

covering the following described property situated in Douglas County,

State of Nevada, described as follows:

BEGINNING at the Northwest corner of Lot 45 as the same is laid down, delineated and numbered upon a certain map entitled "Elks Subdivision, Lake Tahoe, Nevada", filed in the Office of the County Recorder of said county, May 5, 1927; thence Southwesterly 100 feet to an iron pipe or stake; thence Easterly 25 feet and 10 inches to a pine tree with a brass tag stamped "R.E. 334" in blaze thereon; thence Northerly 100 feet to the place of beginning.

The above legal description appeared previously in that certain deed recorded June 27, 1977 in Book 677 Page 1697 as Doc. No. 10516.

That the said decedent, EUGENE V. LICON is one of the joint tenant grantees in that certain said Grant Deed

and that all interest in and to said real property is vested absolutely in affiant, namely LAURA LICON.

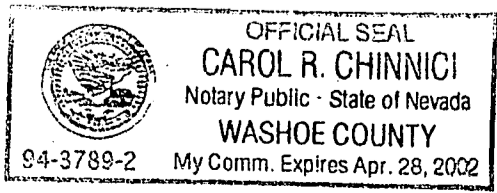
Dated: 1-15-02

Laura Licon
LAURA LICON

SUBSCRIBED AND SWORN TO before me, a Notary Public, this 15th day of January, 2002

Carol R. Chinnici
(Signature)

Name Laura Licon 0533455
(Typed or printed)



BK0102PG8576

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT

2220.MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH 39143-005291

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) EUGENE		1B. MIDDLE Valjean	1C. LAST (FAMILY) LICON	2A. DATE OF DEATH—MO. DAY, YR. AUGUST 01, 1991
4. RACE Cauc		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. Sept 4, 1925	7. AGE IN YEARS 65
8. STATE OF BIRTH AZ	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Peter Licon	10B. STATE OF BIRTH TX	11A. FULL MAIDEN NAME OF MOTHER Anna Cervante
12. MILITARY SERVICE? 19 41 TO 19 44 <input type="checkbox"/> NONE		14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Laura Lari	
16A. USUAL OCCUPATION Deputy Sheriff		16B. USUAL KIND OF BUSINESS OR INDUSTRY Law Enforcement	16C. USUAL EMPLOYER Santa Clara Co	17. EDUCATION—YEARS COMPLETED 12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1099 Cherry Avenue		18B. CITY San Jose	18C. ZIP CODE 95125	
19A. PLACE OF DEATH S.C.VALLEY MEDICAL CTR.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY SANTA CLARA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Laura Licon - Spouse 1099 Cherry Avenue San Jose, CA 95125
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 751 SOUTH BASCOM AVENUE		19E. CITY SAN JOSE		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Metastatic Colon Carcinoma 4 mos		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) Carcinoma Colon 2 years		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (C)				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Carcinoma Left Tonsil and Piriform Sinus		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21, OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Partial colectomy 1989 / Tonsil resection 1990		
1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Thomas Kelsey, M.D.	27C. CERTIFIER'S LICENSE NUMBER G38050	27D. DATE SIGNED Aug 2, 1991
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR Aug. 1, 1991		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS THOMAS KELSEY, M.D. 751 SOUTH BASCOM AVENUE, SAN JOSE, CA 95128		
1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR
31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 1099 Cherry Avenue San Jose, CA 95125	34C. DATE MO. DAY, YEAR Aug 7, 1991	35A. SIGNATURE OF EMBALMER Unembalmed
35B. LICENSE NUMBER		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LIMA FAMILY - ERICKSON		36B. LICENSE NO.
37. SIGNATURE OF LOCAL REGISTRAR Stephen A. Coray M.D.		38. REGISTRATION AUG 5 1991		
STATE REGISTRAR		A. B. C. D. E. F.		CENSUS TRACT 502360

H416178

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) SS

CERTIFIED COPY OF VITAL RECORDS

AUG 2 1 1991

DATE ISSUED BY

Stephen A. Coray M.D.

STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH,

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



0533455

000102068577

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN 29 AM 11: 51

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

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