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APN 07-071-046

RECORDING REQUESTED BY:

JoAnn Foo
97 Jordan Avenue
San Francisco, CA 94118

AND WHEN RECORDED MAIL TO:

JoAnn Foo
97 Jordan Avenue
San Francisco, CA 94118

AFFIDAVIT - DEATH OF JOINT TENANT

APN: 07-071-04-6

STATE OF CALIFORNIA)
COUNTY OF SAN FRANCISCO)

JOANN FOO, of legal age, being first duly sworn, deposes and says:

That **GEORGE FOO**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **GEORGE FOO** named as one of the parties in that certain Grant Deed dated September 10, 1982, executed by Robert Shepherd, a single man, to **GEORGE FOO** and **JOANN FOO**, husband and wife, as joint tenants with rights of survivorship, recorded as instrument no. 71496 on October 5, 1982 in the records of the Douglas County Recorder, covering the following described property situated in the County of Douglas, State of Nevada:

Commonly described as: 71 Clubhouse Drive, City of Stateline, State of Nevada.

Legally described as: Lot 4, Block A, as shown on the official map of AMENDED LAKE VILLAGE, UNIT NO. 1, recorded in the office of the County Recorder June 29, 1970, in Book 1 of Maps as Document Number 48573.

Executed on March 19, 2002 at San Francisco, California

JoAnn Foo
JoAnn Foo

State of California)
County of San Francisco

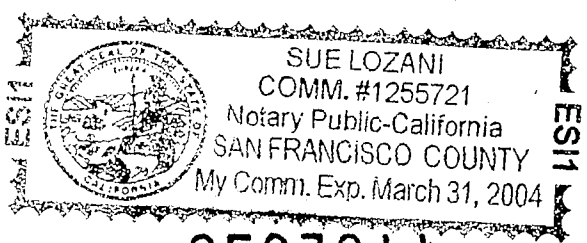
On this the 19th day of March, 2002, before me, the undersigned Notary Public, personally appeared JOANN SEE FOO - X

() personally known to me
 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 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.

Sue Lozani

Notary Public in and for said State (this area for official notarial seal)



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

3 2001 38 003795

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) George		2. MIDDLE W.		3. LAST (FAMILY) Foo			
4. DATE OF BIRTH MM/DD/CCYY 02/10/1932		5. AGE YRS. 69		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 07/21/2001	
8. HOUR 1322		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 2184		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 16					
14. RACE Chinese American		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed			
17. OCCUPATION Medical Doctor		18. KIND OF BUSINESS Medicine		19. YEARS IN OCCUPATION 2			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 97 Jordan Avenue							
21. CITY San Francisco		22. COUNTY San Francisco		23. ZIP CODE 94118		24. YRS IN COUNTY 68	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP JoAnn Foo, Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 97 Jordan Ave. San Francisco, CA 94118			
28. NAME OF SURVIVING SPOUSE—FIRST JoAnn		29. MIDDLE -		30. LAST (MAIDEN NAME) Lai			
31. NAME OF FATHER—FIRST Charlie		32. MIDDLE -		33. LAST Foo		34. BIRTH STATE China	
35. NAME OF MOTHER—FIRST You		36. MIDDLE -		37. LAST (MAIDEN) Leong		38. BIRTH STATE China	
39. DATE MM/DD/CCYY 07/30/2001		40. PLACE OF FINAL DISPOSITION RES: JoAnn Foo 97 Jordan Ave. San Francisco, CA 94118					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Pacific Interment Service		45. LICENSE NO. FD-1454		46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>		47. DATE MM/DD/CCYY 07/26/2001	
101. PLACE OF DEATH Own residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IF <input 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 San Francisco	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 97 Jordan Avenue		106. CITY San Francisco					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		TIME INTERVAL BETWEEN ONSET AND DEATH UNK.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-0839			
DUE TO (B)				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				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							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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>[Signature]</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):					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY 07/23/2001		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Boyd G. Stephens, M.D. Chief Medical Examiner			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

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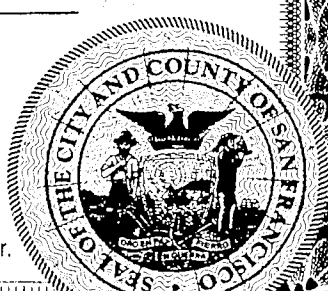
STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED MAR 12 2002

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

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Jo Ann Lai Foo
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR 26 AM 9:08

LINDA SLATER
RECORDER

\$ 16.00 PAID ka DEPUTY

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