

APN 1220-21-510-151

RECORDING REQUESTED BY
Johnson & Nixon

✓
JOHNSON & NIXON
ATTORNEYS AT LAW
142 GEORGE ST.
SAN JOSE, CA 95110

AND WHEN RECORDED MAIL TO

Marlene Komrosky
898 S. Second St. #B
San Jose, CA 95112

Title Order No. _____
Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

Marlene J. Komrosky, of legal age, being first duly sworn, deposes and says:
That Gerald Lee Komrosky, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gerald L. Komrosky named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/5/98, executed by Paul H. Penn, Sr. and Bernice J. Penn to Gerald L. Komrosky and Marlene J. Komrosky, husband and wife, as joint tenants, recorded as Instrument No. 0443942, on 7/9/98, in Book 0798, Page 1540, of Official Records of Douglas County, ~~California~~ Nevada, covering the following described property situated in the _____ County of Douglas, State of ~~California~~ Nevada:

Lot 198, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at Page 006, as Document No. 71399. APN: 29-202-14

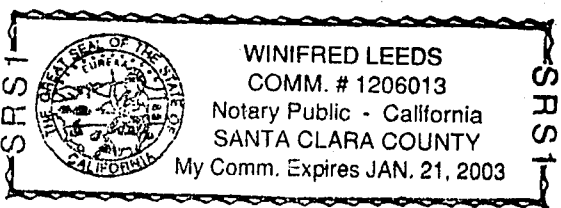
Dated May 13, 2002

Marlene J. Komrosky
MARLENE J. KOMROSKY

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
ON 5/13/02 before me,
WINIFRED LEEDS personally appeared
MARLENE J. KOMROSKY

personally known to me (or 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 to me 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.

Signature Winifred Leeds



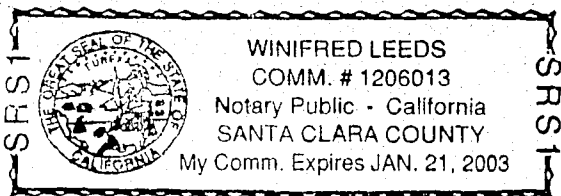
(This area for official notarial seal)

0542718

BK0502PG06342

State of California)
County of Santa Clara) ss.

Subscribed and sworn to before me, the undersigned Notary Public, this 13th day of May 2002.



Winifred Leeds
WINIFRED LEEDS, Notary Public

COOPY

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Gerald		2. MIDDLE Lee		3. LAST (FAMILY) Komrosky	
4. DATE OF BIRTH MM/DD/CCYY 03/08/1930		5. AGE YRS. 72		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 03/13/2002		8. HOUR 0038			
9. STATE OF BIRTH ND		10. SOCIAL SECURITY NO. -8773		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS married		13. EDUCATION—YEARS COMPLETED 18			
14. RACE caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Amdahl	
17. OCCUPATION Electrical Engineer		18. KIND OF BUSINESS Electronics		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 898 S. 2nd St. #B					
21. CITY San Jose		22. COUNTY Santa Clara		23. ZIP CODE 95112	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Marlene Komrosky-wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 898 S. 2nd St. San Jose, CA 95112		
28. NAME OF SURVIVING SPOUSE—FIRST Marlene		29. MIDDLE Holtz		30. LAST (MAIDEN NAME) Holtz	
31. NAME OF FATHER—FIRST Walter		32. MIDDLE Lee		33. LAST Komrosky	
34. BIRTH STATE MN		35. NAME OF MOTHER—FIRST Ruth		36. MIDDLE -	
37. LAST (MAIDEN) Miller		38. BIRTH STATE MN			
39. DATE MM/DD/CCYY 03/19/2002		40. PLACE OF FINAL DISPOSITION San Joaquin Valley National Cemetery 32053 W. McCabe Rd. Gustine, CA			
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER not embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Chapel of Flowers		45. LICENSE NO. FD189		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>	
47. DATE MM/DD/CCYY 03/15/2002					
101. PLACE OF DEATH Mission Skilled Nurs. Fac.		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY Santa Clara		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 410 N. Winchester Bl.			
106. CITY Santa Clara					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) End stage cirrhosis of liver		days			
DUE TO (B) Alcohol abuse		years		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 Cellulitis; COPD; CHF					
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 MM/DD/CCYY 01/25/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Lily Jamsholipour</i>		116. LICENSE NO. A064590	
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 02/28/2002		117. DATE MM/DD/CCYY 03/14/2002			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Lily Jamsholipour, MD 830 Kiely Bl. Santa Clara, CA 95051					
119. MANNER OF DEATH <input 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 checked="" 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		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 21254	
CENSUS TRACT					

H1518482

CERTIFIED COPY OF VITAL RECORDS

03/18/2002

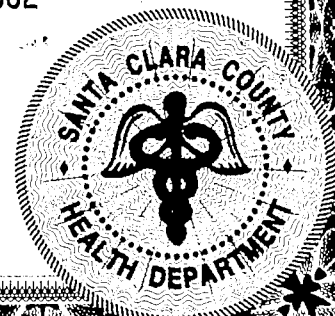
STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By

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.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



0542718
BK 0502 PG 6344

COPY

REQUESTED BY
Johnson & Nixon
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAY 21 AM 9:36

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KD DEPUTY

0542718

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