Recording requested by and when recorded mail to:

16

Weitkamp & Weitkamp 10724 White Oak Avenue Granada Hills, California 91344

APN 1320-33-81(-029 MAIL TAX STATEMENT TO:

Cheryl A. Higuera 1304 Penn Lane Gardnerville, Nevada 89423 APN: 1320-33-811-029

| AFFIDAVIT OF DEA' | TH OF JOINT TENANT |
|-------------------|--------------------|
|-------------------|--------------------|

| STATE OF NEVADA | - Z] |) |
|-------------------|-------|-----|
| COUNTY OF DOUGLAS |) | ss. |
| COUNTY OF DOUGLAS | 1 | j |

whose residence address is 141 Merced Dr., San Bruno, CA 94066 CHERYL A. HIGUERA, of legal age, being first duly sworn, deposes and says:

That JOHN NORMAN HIGUERA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN N. HIGUERA, named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated AUGUST 18, 2000, executed by PATRICIA ANN SCHUETZ, as Grantor, to JOHN N. HIGUERA and CHERYL A. HIGUERA, husband and wife, and CARRIE L. HIGUERA, a single woman, all as joint tenants with right of survivorship, recorded as Instrument No. 0500085 on September 14, 2000, in Book 0900, Page 4411, of Official Records of DOUGLAS County, State of NEVADA, covering the following described property situated in the CHICHESTER ESTATES, County of DOUGLAS, State of NEVADA:

Lot 41, Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-4 for CHICHESTER ESTATES, PHASE 4, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 11, 1997 in Book 1297, Page 2264, as Document No. 428220.

| APN: 1320-33-811-02 |
|---------------------|
|---------------------|

Property Address: 1304 PENN LANE, GARDNERVILLE, NEVADA 89423

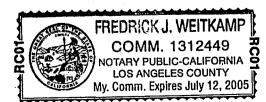
Dated: October ______, 2002.

CHERYLA. HIGUERA

SUBSCRIBED AND SWORN TO before me this _____ day of October, 2002.

Signature

REDRICK J. WEITKAMP



<u>0553784</u>

COUNTY OF SAN MATEO HEALTH DEPARTMENT

SAN MATEO, CALIFORNIA

| | | TO PROCEED BY THE PARTY OF THE PARTY. | | E OF DEA | | the Post in Collan Sal Man And Mill and Programme in a | 002254 | |
|--|--|---------------------------------------|--------------------------------------|--|---|--|--|--|
| and the first of the control of the | E FILE NUMBER | | INK ONLY/NO ERÁSU VS-11 (| RES. WHITEOUTS OR A | ALTERATIONS 3. LAST (FAMILY) | LOCAL REGISTRATI | ON NUMBER | |
| DECEDENT PERSONAL DATA | John 4. DATE OF BIRTH M M/DD/CCYY B-AGE YR 02/26/1947 55 | | Norman - | IF UNDER 24 HOURS HOURS MINUTES | м- 05/ | 在蓝色是产品的APP 100000000000000000000000000000000000 | | |
| | 9. STATE OF BIRTH 10. CA 14. RAGE | 50CIAL SECURITY NO 6712 | YES | | | 量性量數值的對於可能的關係之 | ITION—YEARS COMPLETES | |
| | Spanish 17. OCCUPATION Vehicle driver 20. RESIDENCE—STREET AND | | 18. KIND OF BUSIN Airline | CSS (1 Property of the Control of th | No. | | IN OCCUPATION | |
| USUAL RESIDENCE | 141 Merced Dr. | 22.3 | COUNTY AND MALEO | 23, zip. c .94066 | / | 24 | TATE OR FOREIGN COUNTI CA CITY OR TOWN, STATS, ZIF | |
| INFORMANT | 26. NAME, RELATIONSHIP Cheryl Ann His 28. NAME OF SURVIVING SPO | guera-Wife | | 141 Merced D | or., San Brin | io, CA 94066 | | |
| SPOUSE AND PARENT INFORMATION | Cheryl 31. NAME OF FATHER—FIRST Anacleto 35. NAME OF MOTHER—FIRST ISabelle | | Ann 32. MIDDLE - 36. MIDDLE | 3 4 5 1 1 | Vance 33. LAST Higuera 37. LAST (MAIDEN) Canizo | and the state of t | 34. BIRTH STA VT 38. BIRTH STA CA | |
| DISPOSITION(S) | 06/08/2002 | San Fernand | o Mission C | emetery, Mis | ssion Hills, | CA. | J. LICENSE NO. | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | BU 44. NAME OF FUNERAL DIRECT WKINLEY S.F. | CTOR | P V OST | 12 P O | MOVED ! | D #H | 8711 96 /06 /200 | |
| PLACE OF DEATH | Kaiser Hospit 105. STREET ADDRESS—(STE | REET AND NUMBER OF | LOCATION) | OP DOA C | Table Carp Strains | OTHER SAN M | ateo | |
| CAUSE OF DEATH | IO7. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) ACUL DUE TO (B) Seve | e myocardial | infarct coronary at | theroscleros | is | Hours 100, 8 Years XYears 111.0 | SED IN DETERMINING CAUSE | |
| | DUE TO (D) 112. OTHER SIGNIFICANT CO. Status post, recent 113. WAS OPERATION PERF | Abdaninal SUR | ery, hypertroportion in item 107 | NOT RELATED TO CAN THIC CARTICLLYOP OR 1127 IF YES, LIST | athy, morbid of | esity;::trydrocod | One intoxication | |
| PHYSI- CIAN'S CERTIFICA- TION | 114. I CERTIFY THAT TO THE EGG. DEATH OCCURRED AND PLACE STATED FRO DECEDENT ATTEMBED SINCE OF M M / D D / C C Y Y | AT THE HOUR, DATE | 118, TYPE ATTEN | | ME, MAILING ADDRESS | , ZIP | | |
| CORONER'S USE ONLY | I CERTIFY THAT IN MY OCCURRED AT THE HO STATED FROM THE CAL 119. MANNER OF DEATH | HOMICIDE ATION DETERMINED | YES 124. DESCRIBE F | IO NUMEY OCCURRE | M M / D / CC Y Y 12: | SULTED IN INJURY) | | |
| | 126. SIGNATURE OF PORQU | HER OR DEPUTY CORO | | 6/03/2002 | ROBERT J. | FOUCRAULT, | Ch Dep Corone | |

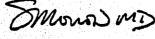
276344

STATE OF CALIFORNIA COUNTY OF SAN MATEO

DATE ISSUED

JUN 2 6 2002

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.



This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.





REQUESTED BY IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA 2002 OCT -3 PM 1: 56 LINDA SLATER RECORDER

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