

NAME BARBARA J. CONE
STREET ADDRESS 1082 SAND BAR LIECLE
CITY, STATE & ZIP CODE CARMICHAEL CA 95608

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

BARBARA J. CONE, of legal age, being first duly sworn, deposes and says:
That ALBERT J. ROGERS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALBERT J. ROGERS named as one of the parties in that certain GRANT DEED dated JUNE 23, 1994, executed by B. WALKERLEY to BARBARA J. CONE + ALBERT J. ROGERS as joint tenants, recorded as Instrument No. 341308, on JULY 7, 1994, in Book 0794, Page 0727, of the Official Records in the Office of the County Recorder of DOUGLAS County, State of NEVADA, concerning the following described real property situated in the City of STATE LINE, County of DOUGLAS, State of NEVADA:

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 \$ 17,055.00.
Dated 11-26, 2002.

Barbara J. Cone
(SIGNATURE OF JOINT TENANT)

BARBARA J. CONE
(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 26 day of NOVEMBER, 2002.

Barbara Costner
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO:

WOLCOTTS FORM 300 - Rev. 8-94
AFFIDAVIT - DEATH OF JOINT TENANT
(price class 3A)
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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) ALBERT	2. MIDDLE J.	3. LAST (FAMILY) ROGERS		
	4. DATE OF BIRTH M/M/D/D/C/C/Y 10/25/1928	5. AGE YRS 73	6. SEX M	7. DATE OF DEATH M/M/D/D/C/C/Y 05/13/2002	
	9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. [REDACTED] 3898	11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS WIDOWED	13. EDUCATION—YEARS COMPLETED 12
	14. RACE CAUCASIAN	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER LOCAL UNION #75		
	17. OCCUPATION PRESIDENT	18. KIND OF BUSINESS LAUNDRY AND TEXTILE UNION	19. YEARS IN OCCUPATION 50		
USUAL RESIDENCE	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1490 SUTTERVILLE ROAD				
	21. CITY SACRAMENTO	22. COUNTY SACRAMENTO	23. ZIP CODE 95822	25. STATE OR FOREIGN COUNTRY CA	
INFORMANT	26. NAME, RELATIONSHIP BARBARA J. CONE - EXECUTOR		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1082 SAND BAR CIRCLE, CARMICHAEL, CA 95608		
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST -	29. MIDDLE -	30. LAST (MAIDEN NAME) -		
	31. NAME OF FATHER—FIRST ALBERT	32. MIDDLE J.	33. LAST ROGERS	34. BIRTH STATE UNK.	
	35. NAME OF MOTHER—FIRST PEARL	36. MIDDLE ANTOINETTE	37. LAST (MAIDEN) CROCKER	38. BIRTH STATE CA	
DISPOSITION(S)	39. DATE M/M/D/D/C/C/Y 05/20/2002	40. PLACE OF FINAL DISPOSITION ST. MARYS CEMETERY, 6700 21ST AVENUE, SACRAMENTO, CA 95820			
	41. TYPE OF DISPOSITION(S) BU	42. SIGNATURE OF EMBALMER <i>Jerry L. Whitteberger</i>		43. LICENSE NO. 5990	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR GEORGE L. KLUMPP	45. LICENSE NO. FD360	46. SIGNATURE OF LOCAL REGISTRAR <i>Shannah J. Trickett M.D.</i>	47. DATE M/M/D/D/C/C/Y 05/16/2002 JMM	
	101. PLACE OF DEATH MERCY GENERAL	102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <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 SACRAMENTO	
PLACE OF DEATH	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4001 J STREET		106. CITY SACRAMENTO		
IMMEDIATE CAUSE OF DEATH	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 02-2395	
	(A)	RESPIRATORY FAILURE	5 MINS		
	DUE TO (B)	CARCINOMA OF LUNG	3 MOS.	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 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, SEVERE RHEUMATOID ARTHRITIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
PHYSICIAN'S CERTIFICATION	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 M/M/D/D/C/C/Y 06/16/1987		115. SIGNATURE AND TITLE OF CERTIFIER <i>William S. Dugdale M.D.</i>		
	DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y 04/23/2002		116. LICENSE NO. G11043	117. DATE M/M/D/D/C/C/Y 05/15/2002	
CORONER'S USE ONLY	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 type="checkbox"/> NO		
	121. INJURY DATE M/M/D/D/C/C/Y		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 M/M/D/D/C/C/Y	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER CERTIFIED COPY OF VITAL RECORDS		

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STATE OF CALIFORNIA COUNTY OF SACRAMENTO } SS E F G H FAX AUTH. # 4134 CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: May 17, 2002 *Shannah J. Trickett M.D.* LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 18 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-18

REQUESTED BY
STEWART TITLE OF DOUGLAS COUN
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'94 JUL -7 A10:01

SUZANNE BEAUDREAU
RECORDER
\$ 800 PAID KO DEPUTY

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COPY

REQUESTED BY
Barbara Cone
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 DEC 23 AM 10: 00

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID k2 DEPUTY

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