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REQUESTED BY
Debra McPherson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP 23 AM 10:06

WERNER CHRISTEN
RECORDER

\$19⁰⁰ PAID KA DEPUTY

APN: 1319-19-717-001

Recording requested by and mail documents and tax statements to:

✓ Name: Debra McPherson
Address: 19559 Turtle Ridge Lane
City/State/Zip: Northridge Ca 91326

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Debra McPherson
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Bernard McPherson
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Bernard McPherson
named as one of the parties in that certain Grant Bargain + Sale Deed
dated on the 17 day of May, 1997, and executed by

Bernard McPherson
known as Grantor(s), to Debra McPherson + Bernard McPherson
known as Grantees, as joint tenants, and recorded as instrument number 0415199

on the 16 day of June, 1997, in Book 697 of Official Records
of Douglas County, Nevada, covering the following described property situated
in the City of _____, County of _____, State

of Nevada. (Set forth legal description and commonly known street address, if known)
Parcel A, as set forth on Parcel Map #1 for Weldon J. Smith of lot 485

see attached legal description exhibit A
In Witness Whereof, I/We have hereunto set my/our hand(s) this 23 day of Sept., 2003

Debra McPherson
Signature

Signature

Debra McPherson
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF)

On this _____ day of _____, 20____, personally appeared before me, a
Notary Public _____

personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that ___ he ___ executed this instrument. Witness my hand and official seal.

Notary Public
My Commission Expires: _____

Consult an attorney if you doubt this forms fitness for your purpose.

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State of Nevada

County of Douglas

On 23 September, 2003 Debra McPherson personally appeared
before me,

_____ who is personally known to me

whose identity I proved on the basis of CDL # [REDACTED]

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.



NOTARY PUBLIC
STATE OF NEVADA
County of Douglas

LORRAINE DIEDRICHSEN

(Seal) My Appointment Expires April 15, 2007

My commission expires April 15, 2007

Lorraine Diedrichsen
Notary Public

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Legal Description

Exhibit A

the real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel A, as set forth on Parcel Map #1 for Weldon J. Smith of Lot 485 Second Amended Map of Summit Village, recorded September 10, 1980 in Book 980, Page 763, as Document No. 48364 of Official Records of Douglas County, State of Nevada, said map being a Parcel Map of Lot 485 Second Amended Map of Summit Village, recorded January 13, 1969 in Map Book 1, Page 205, as Document No. 43419, of Official Records of Douglas County, State of Nevada.

A.P. No. 11-350-08

THIS DOCUMENT IS HEREBY RECORDED AS AN
OFFICIAL RECORD OF DOUGLAS COUNTY,
NEVADA, IN ACCORDANCE WITH THE
PROVISIONS OF NEVADA REVISED
STATUTES, SECTION 334.010, AND
NEVADA REVISED STATUTES, SECTION
334.020.

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) BERNARD			2. MIDDLE ALAN			3. LAST (FAMILY) MCPHERSON			
4. DATE OF BIRTH M/M/DD/CY 11/26/1952		5. AGE YRS. 46		6. SEX MALE		7. DATE OF DEATH M/M/DD/CY 06/23/1999		8. HOUR 1819	
9. STATE OF BIRTH COLORADO		10. SOCIAL SECURITY NO. ██████-5051		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER UNION LOCAL 44					
17. OCCUPATION PROP MAKER		18. KIND OF BUSINESS ENTERTAINMENT		19. YEARS IN OCCUPATION 20					
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 19559 TURTLE RIDGE LANE									
21. CITY NORTH RIDGE		22. COUNTY LOS ANGELES		23. ZIP CODE 91326		24. VES IN COUNTY 15		25. STATE OR TERRITORY CALIFORNIA	
26. NAME, RELATIONSHIP DEBBIE MCPHERSON - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 19559 TURTLE RIDGE LANE, NORTH RIDGE, CA 91326						
28. NAME OF SURVIVING SPOUSE—FIRST DEBBIE		29. MIDDLE NOERR		30. LAST (MAIDEN NAME) NOERR					
31. NAME OF FATHER—FIRST ALAN		32. MIDDLE -		33. LAST MCPHERSON		34. BIRTH STATE UNKNOWN			
35. NAME OF MOTHER—FIRST MARIE		36. MIDDLE -		37. LAST (MAIDEN) NEWMAN		38. BIRTH STATE UNKNOWN			
39. DATE M/M/DD/CY 06/29/1999		40. PLACE OF FINAL DISPOSITION RES: DEBBIE MCPHERSON - 19559 TURTLE RIDGE LANE, NORTH RIDGE, CA 91326							
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER <i>George Rander</i>			43. LICENSE NO. 6353				
44. NAME OF FUNERAL DIRECTOR PRAISWATER MEYER-MITCHELL MORTUARY		45. LICENSE NO. FD-549		46. SIGNATURE OF LOCAL REGISTRAR <i>Mary T. Macias</i>		47. DATE M/M/DD/CY 06/28/1999			
101. PLACE OF DEATH INSIDE PICKUP TRUCK AT RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 19559 TURTLE RIDGE LANE		106. CITY NORTH RIDGE							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) DEFERRED		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 99-04365		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 CAUSE STATED. DECEASED ATTENDED SINCE I DECEDENT LAST SEEN ALIVE M/M/DD/CY M/M/DD/CY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mary T. Macias</i>		116. LICENSE NO.		117. DATE M/M/DD/CY			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" 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 M/M/DD/CY		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>Mary T. Macias</i>							
127. DATE M/M/DD/CY 06/25/1999		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER MARY T. MACIAS DEPUTY CORONER		129. FAX AUTH. # 197/7855			130. CENSUS TRACT		
STATE REGISTRAR		A B C D E F G H							

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Connie B. McCormack
CONNIE B. MCCORMACK
Registrar-Recorder/County Clerk

OCT 05 1999
19-283966

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

9908767

31999190 24610

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE/LOCAL REGISTRAR USE ONLY	1	2	3			
PART I INFORMATION TO LOCATE RECORD	1 NAME—FIRST (GIVEN) BERNARD		2 MIDDLE ALAN	3 LAST (FAMILY) MCPHERSON	4 SEX MALE	
	5 DATE OF EVENT—MM/DD/CCYY 06/23/1999		6 CITY OF OCCURRENCE NORTHRIDGE		7 COUNTY OF OCCURRENCE LOS ANGELES	
					8 ZIP CODE 30F3	
PART II INFORMATION AS IT APPEARS ON RECORD	107 DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINK 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 99-04365	
	IMMEDIATE CAUSE (A)	DEFERRED			109 BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(B)				110 AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	(C)				111 USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (D)					
	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					
	119 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" 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 AND ZIP CODE)					
PART III INFORMATION AS IT SHOULD APPEAR	107 DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINK 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 99-04365	
	IMMEDIATE CAUSE (A)	ISCHEMIC HEART DISEASE		UNKNOWN	109 BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(B)	ATHEROSCLEROTIC CORONARY HEART DISEASE		UNKNOWN	110 AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	(C)				111 USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (D)					
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CHRONIC ALCOHOLISM					
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE NO					
	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 AND ZIP CODE)					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
	8 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Paul V. Gliniecki</i>	9 DATE SIGNED—MM/DD/CCYY 08/23/1999	10 TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER PAUL V. GLINIECKI, M.D. DME			
	11 ADDRESS—STREET AND NUMBER 1104 NORTH MISSION ROAD	12 CITY LOS ANGELES	13 STATE CA	14 ZIP CODE 90033		
	15 OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>Mark...</i>	16 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/27/1999				

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNIE B. MCCORMACK
Registrar-Recorder/County Clerk

OCT 05 1999
19-294483

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