

REQUESTED BY  
*Alling & Jillson, Ltd*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 MAR 29 PM 1:56

WERNER CHRISTEN  
RECORDER

*\$11.00* PAID *W* DEPUTY

RECORDING REQUESTED BY:

ALLING & JILLSON, LTD.

AND WHEN RECORDED MAIL TO:

ALLING & JILLSON, LTD.

Post Office Box 3390

Lake Tahoe NV 89449-3390

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF DEATH OF JOINT TENANT AND  
RE-RECORDING OF DEED TO ATTACH THE LEGAL DESCRIPTION**

**COOPER**

0608646

BK0304PG13822



1 4. That said parcels of real property are commonly known as 637 North Martin Drive and 266 South  
2 Martin Drive, Zephyr Heights, Unit 3.

3 5. That the aforesaid Milton E. Jackson died on or about January 14, 2000, being at the time of his  
4 death a resident of El Dorado County, California, and that a true and correct Certificate of Death is  
5 attached hereto as **Exhibit C**, incorporated herein by reference.

6 6. That the surviving joint tenants are Margaret C. Jackson, a widow as to an undivided four-fifths  
7 (4/5) interest, and Mark J. Jackson, a single man, as to an undivided one-fifth (1/5) interest, as tenants in  
8 common not as joint tenants.

9 5. That Affiant Milton E. Jackson II and Affiant Mark J. Jackson are two (2) of the surviving issue  
10 of the marriage of the aforesaid Milton E. Jackson and Margaret C. Jackson and have personal knowledge  
11 of the matters set forth herein.

12 6. Further affiants saith naught.

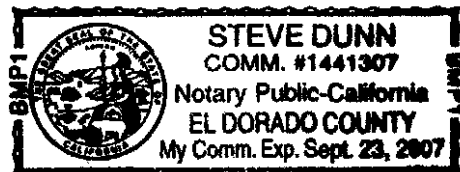
13 I declare under penalty of perjury the foregoing is true and correct.

14 DATED this 27<sup>th</sup> day of March 2004, at El Dorado County, California.

15  
16 Milton E Jackson II  
17 MILTON E. JACKSON II

18 On March 27<sup>th</sup>, 2004, before me, the undersigned, a notary public in and for the  
19 county and state aforesaid, personally appeared MILTON E. JACKSON II, who proved to me on the basis  
20 of satisfactory evidence to be the person whose name is subscribed to the within instrument and  
21 acknowledged to me that he executed same.

22  
23 WITNESS my hand and official seal.



26 Steve Dunn  
NOTARY PUBLIC

27 ///

28 ///

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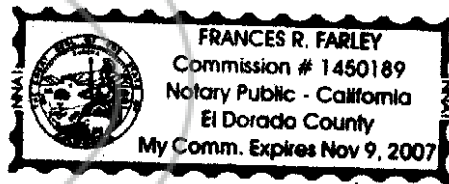
DATED this 25 day of MARCH 2004, at EL-DORADO County, California.

*Mark Jackson*  
MARK J. JACKSON

On March 25, 2004, before me, the undersigned, a notary public in and for the county and state aforesaid, personally appeared MARK J. JACKSON, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed same.

WITNESS my hand and official seal.

*Frances R Farley*  
NOTARY PUBLIC



0608646 BK0304

⑤ 4567

Order No. 4277

Documentary Transfer Tax \$ 203.<sup>00</sup>  
Computed on full value of property conveyed; or  
Computed on full value less liens & encumbrances remaining thereon at time of transfer.  
Under penalty of perjury.

Escrow No.

WHEN RECORDED, MAIL TO:  
1 MANOUKIAN, SCARPELLO &  
2 ALLING, LTD.  
3 P. O. Box 55  
4 Zephyr Cove, NV 89448

Signature of declarant or agent  
determining tax - firm name

GRANT, BARGAIN and SALE DEED

5 FOR A VALUABLE CONSIDERATION, receipt of which is hereby  
6 acknowledged, JAMES D. NEILSON, a married man, as his sole and  
7 separate property, and BEATRICE G. GAGNE, an unmarried woman,  
8 do(es) hereby GRANT, BARGAIN and SELL to MILTON E. JACKSON and  
9 MARGARET C. JACKSON, husband and wife as joint tenants,

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

12 See Exhibit "A" attached hereto and incorporated  
13 herein by reference.

14  
15  
16  
17  
18 TOGETHER WITH all tenements, hereditaments and appurtenances  
19 thereunto belonging or in anywise appertaining, and any reversion,  
20 remainders, rents, issues or profits thereof.

21 DATED:

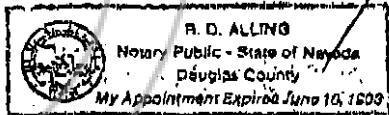
*James D. Neilson*  
JAMES D. NEILSON  
*Beatrice G. Gagne*  
BEATRICE G. GAGNE

22 STATE OF NEVADA )  
23 ) ss.  
24 County of Douglas )

25 On \_\_\_\_\_ 19\_\_\_\_, personally  
26 appeared before me, a Notary  
27 Public, JAMES D. NEILSON

28 who acknowledged that they  
29 executed the above instrument

30 *[Signature]*  
31 NOTARY PUBLIC



49229  
BOOK 1080 PAGE 172

MANOUKIAN, SCARPELLO & ALLING, LTD.  
ATTORNEYS AT LAW  
CARSON CITY OFFICE  
402 EAST PROCTOR STREET  
CARSON CITY, NEVADA 89701  
TELEPHONE (702) 881-4877  
LAKE TAHOE OFFICE  
ROUND HILL PROFESSIONAL BUILDING  
P. O. BOX 55  
ZEPHYR COVE, NEVADA 89448  
TELEPHONE (702) 588-8878

0608646

BK0304 PG13826

Exhibit A

STATE OF California

County of Los Angeles

DATE 9/22/80

On ..... personally appeared before me.

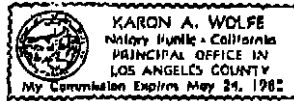
a Notary Public (or Judge or other officer, as the case may be)..... BEATRICE G.....

SACNE

who acknowledged that he executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Los Angeles the day and year in this certificate first above written.

*Karon A. Wolfe*  
Signature of Notary



FORM NO. 36 N

**COPIED**

REQUESTED BY  
DOUGLAS COUNTY TITLE  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA  
6-100 pd  
1980 OCT -3 AM 11:54

MARIE A. RABEL  
RECORDED

*Trish Stewart* 49228  
NOV 19 2003 9:57AM STEWART-TITLE

NO. 614

0608646

BK0304 PG13827

JOINT TENANCY DEED

THIS INDENTURE WITNESSETH: That MILTON E. JACKSON and MARGARET C. JACKSON,  
husband and wife

in consideration of \$ 0 the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and

Convey to MILTON E. JACKSON and MARGARET C. JACKSON, husband and wife, and

MARK J. JACKSON, a single man, their son A 1/5 interest in this Property

as joint tenants with right of survivorship, and not as tenants in common, all that real property situated in the

County of Douglas State of Nevada, bounded and described as follows:

Lots 2 and 3 as shown on the map of Zephyr Heights Subdivision Number 3, filed in the office of the County Recorder of Douglas County, Nevada, on October 5, 1953, subject to a nonexclusive easement for roadway purposes over the westerly 10.00 feet of Lot 3 extending to the northwesterly line of Lot 2, together with such area in the southwesterly corner of Lot 2 and the northwesterly corner of Lot 3 to permit the convenient turning around of a motor vehicle, as contained in that deed to Ernest E. Kemper, et us, recorded January 25, 1966, Book 37, of Official Records at Page 424, Douglas County, Nevada.

A.P. No. 05-160-12

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof. To have and to hold the said premises unto the Grantees, and to the survivor of them, and to the heirs and assigns of such survivor forever.

Witness \_\_\_\_\_ hand \_\_\_\_\_ this 19 day of Nov, 1980

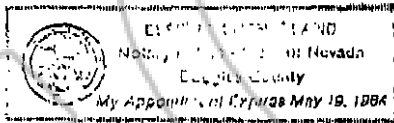
STATE OF NEVADA }  
COUNTY OF \_\_\_\_\_ } SS

Milton E. Jackson  
Milton E. Jackson

Margaret C. Jackson  
Margaret C. Jackson

On 11-19-80  
personally appeared before me, a Notary Public,  
Milton E. Jackson  
Margaret C. Jackson  
who acknowledged that \_\_\_\_\_ executed  
the above instrument.

Charles S. Stewart  
Notary Public



ORDER NO. \_\_\_\_\_  
ESCROW NO. \_\_\_\_\_

WHEN RECORDED MAIL TO:  
Mr. & Mrs. Milton E. Jackson  
P.O. Box 11747  
Zephyr Cove, NV 89448

The grantor(s) declare(s):  
Documentary transfer tax is \$ 11.00  
( ) computed on full value of property conveyed, or  
( ) computed on full value less value of liens and encumbrances remaining at time of sale.

FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:  
same as above

REQUESTED BY  
Milton E. Jackson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA  
3.00 pd  
1980 NOV 20 AM 11:29  
MARIE A. RABEL  
RECORDER  
Charles S. Stewart 50848

0608646

BK0304 PG13828

NOV 19 2003 9:57AM STEWART-TITLE



SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (GIVEN) <b>MILTON</b>		2. MIDDLE <b>E.</b>		3. LAST (FAMILY) <b>JACKSON</b>	
4. DATE OF BIRTH M/M/DD/CYY <b>10/30/1923</b>		5. AGE YRS. <b>76</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/DD/CYY <b>01/14/2000</b>		8. HOUR <b>1300</b>			
9. STATE OF BIRTH <b>ND</b>		10. COUNTY NO. <b>6402</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Divorced</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>			
14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Self-Employed</b>	
17. OCCUPATION <b>Contractor</b>		18. KIND OF BUSINESS <b>General Contracting</b>		19. YEARS IN OCCUPATION <b>50</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>2534 Belmont Way</b>					
21. CITY <b>El Dorado Hills</b>		22. COUNTY <b>El Dorado</b>		23. ZIP CODE <b>95762</b>	
24. YRS. IN COUNTY <b>3</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>Milton E. Jackson II - Son</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2534 Belmont Way, El Dorado Hills, CA 95762</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>Harald</b>		29. MIDDLE <b>Andreas</b>		30. LAST (MAIDEN NAME) <b>Jackson</b>	
31. NAME OF FATHER—FIRST <b>Alma</b>		32. MIDDLE <b>—</b>		33. LAST (MAIDEN) <b>Rudd</b>	
34. NAME OF MOTHER—FIRST <b>—</b>		35. MIDDLE <b>—</b>		36. LAST (MAIDEN) <b>—</b>	
37. DATE M/M/DD/CYY <b>01/20/2000</b>		38. PLACE OF FINAL DISPOSITION <b>Riverside Cemetery, Fargo, ND</b>			
39. TYPE OF DISPOSITION(S) <b>CR/TR/BU</b>		40. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		41. LICENSE NO. <b>—</b>	
42. NAME OF FUNERAL DIRECTOR <b>Sierra View Funeral Chapel</b>		43. LICENSE NO. <b>FD-924</b>		44. SIGNATURE OF LOCAL REGISTRAR <i>Shamuk J. Treadwell M.D.</i>	
45. DATE M/M/DD/CYY <b>01/20/2000</b>		46. LICENSE NO. <b>gs</b>			
101. PLACE OF DEATH <b>Mercy of Folsom Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1650 Creekside Dr.</b>		105. CITY <b>Folsom</b>		106. COUNTY <b>Sacramento</b>	
107. DEATH WAS CAUSED BY EITHER ONE OR MORE CAUSES—LINE FOR A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z <b>Immediate Cause: (a) Cardiac Arrest</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>00-0289</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. DUE TO (B) Congestive Heart Failure		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. DUE TO (C) Hypertension		114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED IN 107 <b>Diabetes Mellitus II</b>		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>No</b>	
116. DUE TO (D)		117. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		118. LICENSE NO. <b>A054344</b>	
119. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Ilya L. Khamishon, M.D., 251 Turn Pike Dr., Folsom, CA 95630</b>		120. DATE M/M/DD/CYY <b>01/17/1997</b>	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE I OR OTHER SET SEEN ALIVE M/M/DD/CYY. M/M/DD/CYY		122. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		123. PLACE OF INJURY <b>—</b>	
124. 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		125. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>—</b>			
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) <b>—</b>					
127. SIGNATURE OF CORONER OR DEPUTY CORONER <b>272125</b>		128. DATE M/M/DD/CYY <b>01/19/2000</b>		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>—</b>	

CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR STATE OF CALIFORNIA COUNTY OF SACRAMENTO

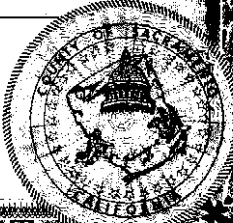
This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED:

January 20, 2000

LOCAL REGISTRAR

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



0608646

BK0304PG13829

Exhibit C