

2004 MAR 30 PM 3:18

WERNER CHRISTEN
RECORDER

\$16.50 PAID *KJ* DEPUTY

APN: 1022-29-810-005
Escrow No. 00127088 - DA
Ronald M. Sherrod
10 Whittington Dr.
Newcastle, CA 95658
When Recorded Return to:
Same as above

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada
COUNTY OF Washoe

} ss:

Ronald M. Sherrod, of legal age, being duly sworn, deposes and says

That Murel Sherrod the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Murel Sherrod named as one of the parties in that certain Deed dated March 7, 1994 executed by Murel Sherrod to Murel Sherrod, a widower, Larry M. Sherrod, an unmarried man, Ronald M. Sherrod, an unmarried man and Michael M. Sherrod, an unmarried man, all as joint tenants, recorded as Instrument No. 331729, on March 7, 1994 in Book Page of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

Dated: March 24, 2004

Ronald M. Sherrod

Ronald M. Sherrod

SUBSCRIBED AND SWORN TO before me on this 25th day of March, 2004

Diane J. Allen

NOTARY PUBLIC



SPACE BELOW FOR RECORDER

0608797

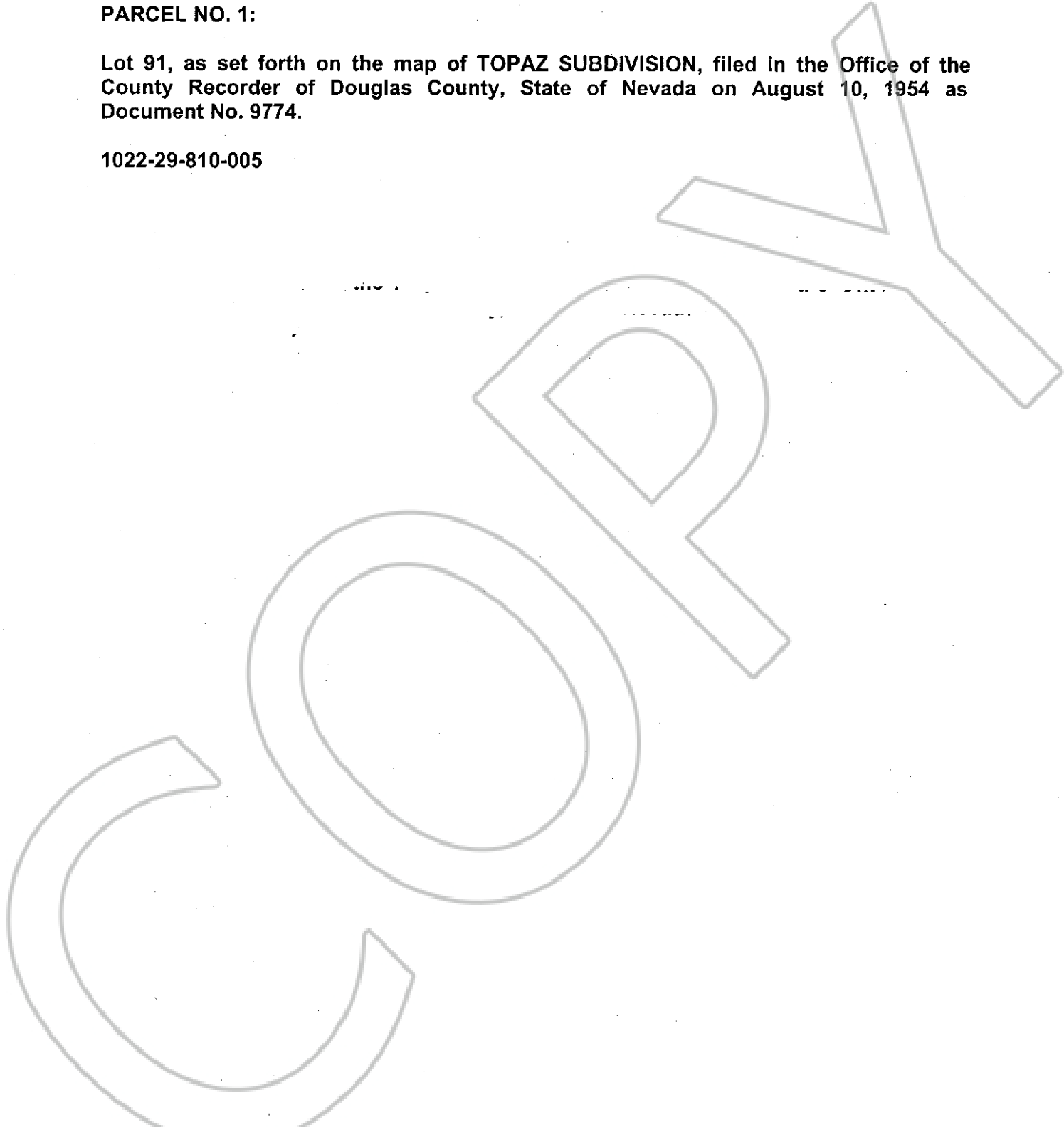
BK 0304 PG 14722

Exhibit A

PARCEL NO. 1:

Lot 91, as set forth on the map of TOPAZ SUBDIVISION, filed in the Office of the County Recorder of Douglas County, State of Nevada on August 10, 1954 as Document No. 9774.

1022-29-810-005



SPACE BELOW FOR RECORDER

0608797

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
AUBURN, CALIFORNIA

CERTIFICATE OF DEATH

3 2000 3100188

STATE FILE NUMBER	STATE OF CALIFORNIA	USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)	LOCAL REGISTRATION NUMBER
1. NAME OF DECEDENT—FIRST (GIVEN) MUREL	2. MIDDLE —	3. LAST (FAMILY) SHERROD	
4. DATE OF BIRTH MM/DD/CCYY 11/23/1917	5. AGE YRS. 82	6. SEX M	7. DATE OF DEATH MM/DD/CCYY B. HOUR 07/22/2000 0800
9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. 8750	11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	12. MARITAL STATUS WIDOWED
14. RACE CAUCASIAN	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER CALIFORNIA HIGHWAY PATROL	
17. OCCUPATION PATROL OFFICER	18. KIND OF BUSINESS LAW ENFORCEMENT	19. YEARS IN OCCUPATION 25	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1958 COMSTOCK LANE			
21. CITY GARDNERVILLE	22. COUNTY DOUGLAS	23. ZIP CODE 89410	24. YRS IN COUNTY 20
25. STATE OR FOREIGN COUNTRY NEVADA	26. NAME, RELATIONSHIP RON SHERROD—SON		
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 10 WHITTINGTON HILLS ROAD, NEWCASTLE, CA 95658			
28. NAME OF SURVIVING SPOUSE—FIRST —	29. MIDDLE —	30. LAST (MAIDEN NAME) —	
31. NAME OF FATHER—FIRST JAMES	32. MIDDLE —	33. LAST SHERROD	34. BIRTH STATE TX
35. NAME OF MOTHER—FIRST ALICE	36. MIDDLE —	37. LAST (MAIDEN) KENG	38. BIRTH STATE TX
39. DATE MM/DD/CCYY 07/28/2000	40. PLACE OF FINAL DISPOSITION RES—RON SHERROD—SON, 10 WHITTINGTON HILLS ROAD, NEWCASTLE, CA 95658		
41. TYPE OF DISPOSITION(S) CR/RES	42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. —
44. NAME OF FUNERAL DIRECTOR LASSILA FUNERAL CHAPELS	45. LICENSE NO. FD 1482	46. SIGNATURE OF REGISTRAR <i>[Signature]</i>	47. DATE MM/DD/CCYY 07/27/2000 AW
101. PLACE OF DEATH RESIDENCE, RON SHERROD, SON	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 PLACER
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 10 WHITTINION HILLS ROAD	106. CITY NEWCASTLE		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIO RESPIRATORY ARREST
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE	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 I DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 10/20/1999 07/20/2000	115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	116. LICENSE NO. G067556	117. DATE MM/DD/CCYY 07/27/2000
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP KIRKLAND WHITE MD., P.O. BOX 429 GARDNERVILLE, NV 89410	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. 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. 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	129. CENSUS TRACT
STATE REGISTRAR	A	B	C
FAX AUTH. #	61247	G	H

0608797
BK0304PG14724

SEAL



* 00021189 * CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED **MAR 23 2004**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

Jim McCauley
JIM MCCAULEY
PLACER COUNTY CLERK-RECORDER

