

APN 1219-25-002-012
(Old APN 19-410-19)

16
REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 APR 23 AM 11:54

WERNER CHRISTEN
RECORDER

s/16⁰³ PAID k 2 DEPUTY

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

✓ Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

MAIL TAX STATEMENTS TO:
SUSAN M. APPLGATE MACDONALD
402 Arlene Marie Lane
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

I, SUSAN MACDONALD, also known as SUSAN M. APPLGATE MACDONALD, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as DENNIS MACDONALD, who is named with me as one of the parties in the deed dated May 02, 2000, executed by Robert H. Brown, Sr., President of Aspen Creek Estates, a Nevada corporation, and granted to DENNIS MACDONALD and SUSAN MACDONALD husband and wife, as Joint Tenants, with right of survivorship, recorded as Instrument No. 0491681 on May 9, 2000, in Book 0500, Pages 2161 & 2162, in Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

all that real property situated in the unincorporated area, County of Douglas, State of Nevada bounded and described as follows:

Lot 1, as set forth on the official plat of ASPEN CREEK SUBDIVISION filed for record in the office of the Douglas County Recorder on November 23, 1993, in Book 1193, Page 4915, as Document No. 323383, Official Records of Douglas County, Nevada.

Assessor's Parcel No. 1219-25-002-012 (Old APN 19-410-19)

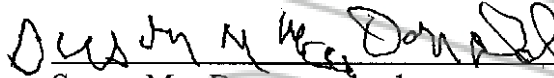
Together with all and singular the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

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2.) As a result of the death of my husband DENNIS MACDONALD, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: March 10, 2004.


SUSAN MACDONALD, also known as
SUSAN M. APPLGATE MACDONALD

STATEMENT OF NOTARY PUBLIC

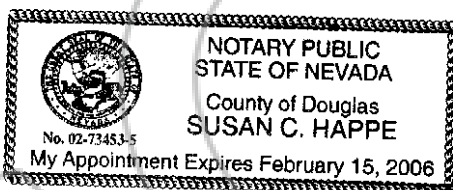
State of Nevada)

County of Douglas)

Signed and Sworn to before me

on March 10, 2004 by SUSAN M. APPLGATE MACDONALD.

WITNESS my hand and official seal.




NOTARY PUBLIC

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CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

3 2002 38 005103

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) DENNIS		2. MIDDLE BRADLEY		3. LAST (FAMILY) MAC DONALD			
4. DATE OF BIRTH M/M/DD/CCYY 08/25/1942		5. AGE YRS. 60		7. DATE OF DEATH M/M/DD/CCYY 10/16/2002		8. HOUR 0600	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 0874		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE WHITE		18. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED			
17. OCCUPATION BUSINESS OWNER		18. KIND OF BUSINESS RESTAURANT SUPPLY		19. YEARS IN OCCUPATION 22			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 402 ARLENE MARIE							
21. CITY GARDNERVILLE		22. COUNTY DOUGLAS		23. ZIP CODE 89410		25. STATE OR FOREIGN COUNTRY NV	
26. NAME, RELATIONSHIP SUSAN MAC DONALD - WIFE				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 402 ARLENE MARIE, GARDNERVILLE, NV 89410			
28. NAME OF SURVIVING SPOUSE—FIRST SUSAN		29. MIDDLE MEIDDEL		30. LAST (MAIDEN NAME) APPLEGATE			
31. NAME OF FATHER—FIRST GEORGE		32. MIDDLE BERNIE		33. LAST MAC DONALD		34. BIRTH STATE CANADA	
35. NAME OF MOTHER—FIRST ELEANOR		36. MIDDLE VERONICA		37. LAST (MAIDEN) SANTOS		38. BIRTH STATE CANADA	
39. DATE M/M/DD/CCYY 10/21/2002		40. PLACE OF FINAL DISPOSITION RES: SUSAN MAC DONALD, 402 ARLENE MARIE, GARDNERVILLE, NV 89410					
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NO CA		45. LICENSE NO. FD1306		46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>		47. DATE M/M/DD/CCYY 10/21/2002	
101. PLACE OF DEATH UCSF MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> I.P. <input type="checkbox"/> E.R./O.P. <input type="checkbox"/> D.O.A.		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SAN FRANCISCO	
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 505 PARNASSUS AVENUE		108. CITY SAN FRANCISCO				109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) GLIOBLASTOMA MULTIFORME		108. TIME INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input 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 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. GR. (S)? IF YES, LIST TYPE OF OPERATION AND DATE. LEFT TEMPORAL CRANIOTOMY 10/06/2002							
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 DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 10/05/2002 10/16/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Sushil Kumar</i>		116. LICENSE NO. G081422		117. DATE M/M/DD/CCYY 10/18/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP S. KUMWAR, MD 505 PARNASSUS AVE, SAN FRANCISCO, CA 94102		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
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		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				127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						CENSUS TRACT	

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **AUG 28 2003**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



02-018082

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar

