Stewart Title ci Douglas County IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA A.P.N. #\_ 1022-09-001-099 ESCROW NO. **040700549** 2004 MAY +4 PM 3: 34 **RECORDING REQUESTED BY:** STEWART TITLE COMPANY WERNER CHRISTEN WHEN RECORDED MAIL TO: DONNA SCHLUTSMEYER 1325 PEBBLE SPRINGS GLENDORA, CA 91741 (Space Above For Recorder's Use Only) AFFIDAVIT - DEATH OF JOINT STATE OF NEVADA } ss. COUNTY OF DOUGLAS DONNA SCHLUTSMEYER of legal age, being first duly sworn, deposes and says: That ALAN P. SCHLUTSMEYER the decedent mentioned in the attached ALAN P. SCHLUTSMEYER certified copy of Certificate of Death, is the same person as named as one of the parties in that certain QUITCLAIM DEED dated August 07, 2001 executed by NANCY WELSH, an unmarried woman to Alan P. Schlutsmeyer and Donna Schlutsmeyer, husband and wife on August 07, 2001 0520173 as joint tenants, recorded as Instrument No. , of Official Records of DOUGLAS in Book 0801 | Page 1971 County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF DATE: December 31, STATE OF

by, DONNA SCHLUTSMEYER

This instrument was acknowledged before me on

COUNTY OF

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

WESLEY J. PURKISS

COMM. #1331707 Notary Public-California LOS ANGELES COUNTY My Comm. Exp. Dec 14, 2005

## EXHIBIT "A"

## LEGAL DESCRIPTION

ESCROW NO.: 040700549

The land referred to herein is situated in the State of Nevada, County of Douglas City of WELLINGTON described as follows:

Lot 45, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the Office of the County Record of Douglas County, State of Nevada, on March 31, 1969, as Document No. 44091.

ASSESSOR'S PARCEL NO. 1022-09-001-099

## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF HEALTH SERVICES**

CERTIFICATE OF DEATH

STA	TE FILE NUMBER	STATE OF CALIFORNIA INK ONLY/NO ERASURES, WHITEOUTS OR ALT VS-II (REV. 1/00)	ERATIONS LOCAL R	EGISTRATION NUMBER	_
	1. NAME OF DECEDENT—FIRST (GIVEN)  2. MIDDLE  3. LAST (FAMILY)				- "
DECEDENT PERSONAL DATA	Alan 4. date of birth MM/b d/c c yy   5. age yr	Patton  15. IF UNDER 1 YEAR   IF UNDER 24 HOURS   6: 9	Schlutsmeyer  7. DATE OF DEATH		7
	12/07/1945 56	HONTHS DAVE I HOUSE MINUTES!	M 01/23/2002		* .
	9. STATE OF BIRTH IS COME SECURITY NO	D. 11. MILITARY BERVICE	12. MARITAL STATUS	13. EDUCATION-YEARS COMPLETED	
	CA 1874	X YES NO UNK	Married	16	·
i	White	JS. HIBPANIC—SPECIFY IS. USUAL EMPLOYER JPL			
	17. OCCUPATION	18. KIND OF BUSINESS	I'No J. JIL	19. YEARS IN OCCUPATION	_
	Computer Programmer	Aerospace		30	4
	20. RESIDENCE—STREET AND NUMBER OR LOCATION)				
USUAL RESIDENCE	1325 Pebble Springs Lane	COUNTY 25 24 COOR	24 YES IN COL	NTY 25, STATE OF FOREIGN COUNTR	
	Glendora /	Los Angeles 91741	56	CA	1
	26. NAME, RELATIONSHIP	27. MAILING ADDRESS ISTE		ITE NUMBER, CITY OR TOWN, STATE, ZIP	
INFORMANT	Donna Schlutsmeyer, Wife		rings Lane Glend	lora CA 91741	V 1
e e	28. NAME OF SURVIVING SPOUSE—FIRST  Donna	29. MIDDLE	Mark	**	1 1
SPOUSE	31. NAME OF FATHER—FIRST	32. HIDDLE 33.	LAST	34. віятн вта	T I
AND PARENT	Max	14. · / · / · · /	Schlutsmeyer	IA	
INFORMATION	35. NAME OF MOTHER—FIRST	36. MIDDLE 37.	LAST IMAIDEN!	38. RIRTH STAT	ii 🗸
	Alberta		Anderson	CA	
DISPOSITION(S)	41. TYPE OF DISPOSITION(S)  42. SIGNATURE OF EMBALMER  43. LICENSE NO.				
FUNERAL DIRECTOR	BU	Daryl Vanderly	n////	6867	
LOCAL	44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO. 46. SIGNATURE OF LO	EAL REGISTRAR	47. DATE M M / D D / C C Y	₹
REGISTRAR	Rose Hills Mort. Glendora	TD-917 FULL EPECIFY ONE: 103, F.	CILITY OTHER THAN HOSPITAL:	01/29/2002	4
PLACE	City of Hope Med Ctr	V EROS DOC.	76.17	Los Argelos	
OF DEATH	108. STREET ADDRESS - ISTREET AND NUMBER OF LOCATION				
	1500 E. Duarte Road			Duarte	<u>.</u>
*	197, DEATH WAS CAUSED BY LENTER ONLY ONE	CAUSE PER LINE FOR A, B. C. AND DI	TIME INTERVA BETWEEN OMS AND DEATH	L 108. DEATH REPORTED TO CORONER	` <b> </b>
	MMEDIATE TO REFERRAL NUMBER				
	CAUSE (A) Respiratory Fail	ure	1 Hour	109. BIDPBY PERFORMED	-
	ουε το τε Severe Malnutrit	ion with Anorexia	3 Months		
CAUSE				1 to. Autopsy Performed	1 1
OF DEATH	ουε το και Widespread Malig	nancy	3 Months	1 163 - 140	i
DENTIL	N N			111. USED IN DETERMINING CAUSE	
	DUE TO (D) Malignant Brain Tumor  [12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107				4
-	None				
and the same of th	113. WAS OPERATION PERFORMED FOR ANY CON		OF OPERATION AND DATE		1 /
	Craniotomy for Brain Tumo	77 T V 2013 HANGET, FOR 1915	, and the second second		1-
PHYSI-	114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EDGE DEATH OCCURRED AT THE HOUR, DATE	118. SIGNATURE AND TITLE OF CENTIFIER	116. LICENSE		· *
CIAN'S CERTIFICA-	AND PLACE STATED FROM THE CAUSES STATED DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y M M / D D / C C Y Y	118. TYPE ATTENDING PHYSICIAN'S NAME.	G072766	01/24/2002	-
TION	12/17/2001 01/23/2002 Adam Mamelak, MD 1500 E. Duarte Rd. Duarte CA 91010				
	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE	120. INJURY AT WORK 121. INJURY DATE M M			1
101	STATED FROM THE CAUSES STATED.	YES No			
10/		124. DESCRIBE HOW INJURY OCCURRED IE	ENTS WHICH RESULTED IN 1	NJURYI	
CORONER'S	NATURAL BUICIDE HOMICIDE				
ONLY	LACCIDENT INVESTIGATION DETERMINED 125. LOCATION ISTREET AND NUMBER OF LOCATION AND CITY, ZIPI				
1					
C80	126. SIGNATURE OF CORONER OR DEPUTY CORO	NER 127. DATE M M / D D / C C Y Y	28. TYPEO NAME, TITLE OF	CORONER OR DEPUTY CORONER	
	A IB C D	E F G H	FAX AUTH. #	O CENSUS TRÁC	#1012795
STATE REGISTRAR			100 00101 * \$	18-2403 CENSUS TRAC	·•
-	1				

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUE

JAN 3 0 2002

Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CUREK,

