

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

WHEN RECORDED RETURN TO:
GENE COEN
5001 PACIFIC AVE. #213
TACOMA, WA 98408

2004 JUL 21 AM 10:56

WERNER CHRISTEN
RECORDER

\$ 17⁰⁰ PAID KA DEPUTY

Order No. 04-004523 Acct. No. 479936531

AFFIDAVIT-DEATH OF JOINT TENANT

PTN. 1318-26-101-006
TAX PARCEL NO. 1-318-261-01-006

STATE OF WASHINGTON

SS.

COUNTY OF PIERCE

*This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefor, or
as to the validity or sufficiency
of said instrument, or for the effect
of such recording on the title of the
property involved.*

Gene Coen, of legal age, being duly sworn, deposes and says

That Linda Coen AKA LINDA LEE COEN, the decedent mentioned in the attached Certificate of Death, is the same person as Linda Coen named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED executed by THE BANK OF CALIFORNIA, N.A., a National Banking Association, as Co-Trustee of the Kingsbury Crossing Trust to GENE COEN AND LINDA COEN, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded in Book 1086 Page 3398 Inst. No. 143926 on October 27, 1986, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: June 22, 2004

X Gene Coen
Gene Coen

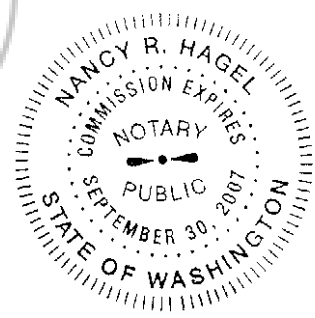
STATE OF WASHINGTON
COUNTY OF PIERCE

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 10 DAY OF July 2004

SIGNATURE Nancy R. Hagel Seal
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 9-30-07



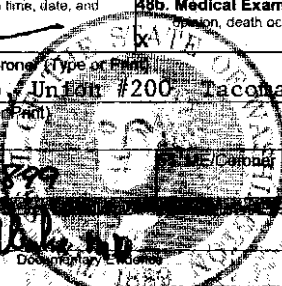
0619354

BK 0704 PG 08692

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 879		Washington State Certificate of Death			State File Number 879	
1. Legal Name (Include AKA's # any) First Middle LAST Suffix						
LINDA LEE COEN						
2. Death Date February 29, 2004						
3. Sex (M/F) Female	4a. Age - Last Birthday 59	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]-8463		6. County of Death Pierce
7. Birthdate May 3, 1944	8a. Birthplace (City, Town, or County) New Castle		8b. (State or Foreign Country) Wyoming		9. Decedent's Education High school graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 8635 South G Street					13b. City or Town Tacoma	
13c. Residence: County Pierce	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98444	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 15 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Gene D. Coen		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Manager				18. Kind of Business/Industry (Do not use Company Name) Boys & Girls Club		
19. Father's Name (First, Middle, Last, Suffix) Lloyd Linden Bayne			20. Mother's Name Before First Marriage (First, Middle, Last) Rachel Barbara Fawcett			
21. Informant's Name Gene D. Coen		22. Relationship to Decedent Husband		23. Mailing Address: Number & Street or RFD No. City or Town State Zip 8635 South G Street Tacoma, Washington 98444		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street) 8635 S. G Street			26a. City, Town, or Location of Death Tacoma		26b. State WA	27. Zip Code 98444
28. Method of Disposition Burial		29. Place of Disposition (Name of cemetery, crematory, other place) Mountain View Memorial Park			30. Location-City/Town, and State Tacoma, Washington	
31. Name and Complete Address of Funeral Facility Mountain View Funeral Home 4100 Steilacoom Blvd. SW Tacoma WA 98499					32. Date of Disposition March 5, 2004	
33. Funeral Director Signature X <i>Dan Lasham</i>						
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. <u>lung cancer.</u>				Interval between Onset & Death
		b. Due to (or as a consequence of):				Interval between Onset & Death
		c. Due to (or as a consequence of):				Interval between Onset & Death
		d. Due to (or as a consequence of):				Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. if female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) Kenneth Scherbarth, D.O. 1802 So. Union #200 Tacoma, WA 98405					50. Hour of Death (24hrs) 0730	
51. Name and Title of Attending Physician (if other than Certifier) (Type of Print)					52. Date Certified (MM/DD/YYYY) 3-1-04	
53. Title of Certifier D.O.		54. License Number OP-00000899		55. Certifier File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X <i>Shirley Ann Walker</i>					58. Date Received (MM/DD/YYYY) MAR 03 2004	
59. Record Amendment Item _____ Date _____ Reviewed by _____ Date _____						

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Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

Birth Certificates:

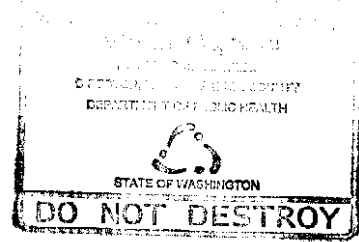
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



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LL00254580

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Exhibit "A"

LEGAL DESCRIPTION
FOR
KINGSBURY CROSSING

The land referred to herein is situated in the

State of **Nevada**

County of **Douglas**

and is described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (the Real Property):

A portion of the north one-half of the northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 03, 1981, in Book 281 of Official Records at Page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at Page 591, Douglas County, Nevada, as Document No. 17578.

EXCEPTING FROM the real property the exclusive right to use and occupy all of the dwelling units and units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

ALSO EXCEPTING FROM the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and Amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and Amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, of Official Records of Douglas County, Nevada as Document No. 78917, and Second Amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No. 084425 (Declaration), during a "Use Period", within the **LOW** season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

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