

A.P.N. # 1022-10-001-008
ESCROW NO. ACCM1719
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 AUG 10 PM 3:29

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID kg DEPUTY

WHEN RECORDED MAIL TO:

BETTY LEHR
8971 PEBBLE BEACH CI
WESTMINSTER, CA 92683

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss.


BETTY LEHR, of legal age, being first duly sworn, deposes and says: That RAYMOND WINSTON LEHR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND W. LEHR named as one of the parties in that certain GRANT DEED dated August 04, 1975 executed by KENNETH L. VAUGHAN AND MILDRED I. VAUGHAN, HIS WIFE to RAYMOND W. LEHR AND BETTY LEHR, HUSBAND AND WIFE AS as joint tenants, recorded as Instrument No. 82665, on August 26, 1975 in Book 875, Page 1084, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in DOUGLAS County, State of Nevada:
Lot 65, as shown on the map of TOPAZ RANCH ESTATES UNIT No. 2, filed in the office of the Recorder of Douglas County, Nevada, on February 20, 1967, as Document No. 35464. APN 1022-10-001-008

DATE: July 15, 2004

Betty Lehr
BETTY LEHR

STATE OF NV }
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on 7-30-04 by BETTY LEHR

 **GAYLE SARRATEA**
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires March 20, 2007
No: 99-36472-5

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

0621137
BK0804PG04123

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200430 001347

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
RAYMOND		LEHR	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
WINSTON		03/15/1927	
5. AGE Yrs.		6. SEX	
76		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		4897	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR'S		01/17/2004	
14. WAS DECEDENT SPANISH/Hispanic/Latino? (if yes, see worksheet on back)		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2015	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
WHITE		ENGINEER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
AEROSPACE		20	
20. DECEDENT'S RESIDENCE (Street and number or location)			
8971 PEBBLE BEACH CIRCLE			
21. CITY		23. ZIP CODE	
WESTMINSTER		92683	
22. COUNTY/PROVINCE		24. YEARS IN COUNTY	
ORANGE		40	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		BETTY J. LEHR - WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
8971 PEBBLE BEACH CIRCLE, WESTMINSTER, CA 92683		BETTY	
29. MIDDLE		30. LAST (Maiden Name)	
JOAN		DAVIS	
31. NAME OF FATHER - FIRST		32. MIDDLE	
RAYMOND		ADAMS	
33. LAST		34. BIRTH STATE	
LEHR		CA	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
MARION		ELINORE	
37. LAST (Maiden)		38. BIRTH STATE	
TOWMEY		WI	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
01/23/2004		RES. OF BETTY J. LEHR, 8971 PEBBLE BEACH CIRCLE, WESTMINSTER, CA 92683	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
DILDAY BROTHERS MORTUARY		FD-1193	
45. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
<i>Mark B Horton</i>		01/22/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
SEACLIFF SKILLED NURSING FACILITY		<input type="checkbox"/> IP <input type="checkbox"/> EPOV <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. CITY	
ORANGE		HUNTINGTON BEACH.	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. DEATH REPORTED TO CORONER?	
18811 FLORIDA STREET		107. CAUSE OF DEATH	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
ACUTE CARDIOPULMONARY ARREST		109. BIOPSY PERFORMED?	
METASTATIC COLON ADENO - CARCINOMATOSIS		110. AUTOPSY PERFORMED?	
111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
NONE		113. IF FEMALE, PREGNANT IN LAST YEAR	
114. 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.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		Mark Nelson Monroe M.D.	
Decedent Last Seen Alive		A039997	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
05/22/1995 01/07/2004 MARK NELSON MONROE, M.D. 17150 EUCILD ST. #111 FOUNTAIN VALLEY, CA 92703		01/19/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. INJURED AT WORK?	
MANNER OF DEATH (Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		NO	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hours)	
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		124. SIGNATURE OF CORONER / DEPUTY CORONER	
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE mm/dd/yyyy	
125. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH. #	
127. DATE mm/dd/yyyy		6569G	
128. SIGNATURE OF CORONER / DEPUTY CORONER		CENSUS TRACT	
129. DATE mm/dd/yyyy		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS FEB 03 2004



STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Mark B Horton
MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE