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REQUESTED BY  
Marilyn Skender  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

APN: 1420-18-214-004

2004 NOV 10 PM 3:37

WHEN RECORDED MAIL TO:  
✓ DENISE M. ADAMS  
3341 PLYMOUTH DRIVE  
CARSON CITY, NV 89705

WERNER CHRISTEN  
RECORDER

s/6 PAID K J DEPUTY

MAIL TAX STATEMENTS TO:  
DENISE M. ADAMS  
3341 PLYMOUTH DRIVE  
CARSON CITY, NV 89705

**AFFIDAVIT BY SURVIVING JOINT TENANT**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

Denise M. Adams, being first duly sworn, deposes and says:

Affiant is the surviving spouse of Howard G. Adams, a joint grantee in a deed dated November 9, 1979, wherein James Lee Construction Co., Inc., was grantor, and Howard G. Adams and Denise M. Adams, husband and wife, as joint tenants with right of survivorship were grantees, conveying real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 40 Block D as shown on the Map of Silverado Heights Subdivision filed for record in the Office of the County Recorder of Douglas County Nevada, on September 18, 1978, as Document No. 25326, and certificate of Amendment of the final plat of said subdivision recorded August 23, 1979 in Book 879 of Official Records at Page 1725, Douglas County, Nevada as Document No. 35885, and certificate of Amendment of the final plat of said subdivision recorded October 12, 1979 in Book 1079 of Official Records at Page 1039, Douglas County, Nevada, as Document No. 37638.

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

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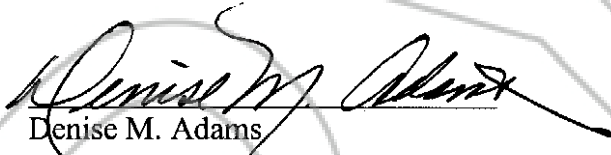
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BK 1104 PG 05405

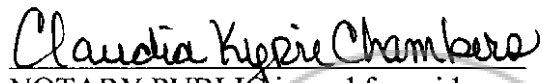
Such deed was recorded on November 21, 1979, as Document No. 38977, Official Records, Douglas County, Nevada.

Howard G. Adams died in Santa Clara County, California, on August 24, 2002, and is the identical person named as the deceased in the Certified Copy of the Certificate of Death attached hereto, marked Exhibit "A", and by this reference made a part hereof. Denise M. Adams is the surviving joint tenant with right of survivorship.

Dated this 12<sup>th</sup> day of August, 2004.

  
Denise M. Adams

SUBSCRIBED and SWORN to before me  
this 12<sup>th</sup> day of August, 2004.

  
NOTARY PUBLIC in and for said  
County and State.



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SANTA CLARA**  
**PUBLIC HEALTH DEPARTMENT**  
**VITAL RECORDS AND REGISTRATION**  
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH** 3200243006105

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Howard</b>		2. MIDDLE <b>George</b>		3. LAST (FAMILY) <b>Adams</b>	
4. DATE OF BIRTH M/M/DD/CCYY <b>03/23/1953</b>		5. AGE YRS. <b>49</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/DD/CCYY <b>08/24/2002</b>		8. HOUR <b>1510</b>			
9. STATE OF BIRTH <b>PA</b>		10. SOCIAL SECURITY NO. <b>9856</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>			
14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Vintage Class Automotive</b>	
17. OCCUPATION <b>Assistant Shop Foreman</b>		18. KIND OF BUSINESS <b>Auto-Repair</b>		19. YEARS IN OCCUPATION <b>1</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>3341 Plymouth Drive</b>					
21. CITY <b>Carson City</b>		22. COUNTY <b>Douglas</b>		23. ZIP CODE <b>89705</b>	
24. YRS IN COUNTY <b>23</b>		25. STATE OR FOREIGN COUNTRY <b>NV</b>			
26. NAME, RELATIONSHIP <b>Denise Adams Wife</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>3341 Plymouth Drive, Carson City, NV, 89705</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>Denise</b>		29. MIDDLE <b>Marie</b>		30. LAST (MAIDEN NAME) <b>Leverone</b>	
31. NAME OF FATHER—FIRST <b>James</b>		32. MIDDLE <b>Joseph</b>		33. LAST <b>Adams</b>	
34. BIRTH STATE <b>PA</b>		35. NAME OF MOTHER—FIRST <b>Loma</b>		36. MIDDLE <b>Alice</b>	
37. LAST (MAIDEN) <b>Potts</b>		38. BIRTH STATE <b>PA</b>			
39. DATE M/M/DD/CCYY <b>08/27/2002</b>					
40. PLACE OF FINAL DISPOSITION <b>Wifes residence, Mrs. Denise Adams, 3341 Plymouth Drive, Carson City, NV, 89705</b>					
41. TYPE OF DISPOSITION(S) <b>Cr/Tr</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>Spangler Mortuaries, Mountain View</b>		45. LICENSE NO. <b>FD-579</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>	
47. DATE M/M/DD/CCYY <b>08/27/2002</b>		48. MJS <b>NJS</b>			
101. PLACE OF DEATH <b>Stanford Medical Center</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>Santa Clara</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>300 Pasteur Dr.</b>		106. CITY <b>Stanford</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) <b>Overwhelming Sepsis</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER REFERRAL NUMBER <b>02-02966</b>	
DUE TO (B) <b>Chronic Hepatitis</b>		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) <b>Hepatitis C</b>		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION (IN ITEM 107 OR 112) IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>					
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 M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Rebecca Legg</i>		116. LICENSE NO. <b>A066023</b>	
117. DATE M/M/DD/CCYY <b>08/26/2002</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Rebecca Legg, M.D. 3801 Miranda Ave., Palo Alto, CA 94304</b>			
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		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		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	

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**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA } SS DATE ISSUED **SEP 20 2004** \* H 1816545 \*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

*Martin D. Fenstersheib MD*  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

