

17-

**RECORDING REQUESTED BY and WHEN RECORDED RETURN TO:**

Ms. Donna Sherrill  
320 Allison Court  
Lincoln, CA 95648

**REAL PROPERTY TRANSFER**  
TAX: -0-Exempt: NRS §375.090,  
subsections (6) and (9).

APN: 5-083-07 1318-10-310-053

REQUESTED BY  
*Donna Sherrill*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 DEC 29 AM 10: 07

WERNER CHRISTEN  
RECORDER

\$17<sup>00</sup> PAID *KJ* DEPUTY

**AFFIDAVIT OF DEATH**

STATE OF NEVADA     )  
                                  )  
COUNTY OF DOUGLAS )

**NAME OF DECEDENT: SALLY H. GUILD**  
**DATE OF DEATH: JUNE 2, 2004**

The undersigned, Donna Sherrill, being duly sworn, deposes and says:

1. I am over the age of eighteen (18) years.
2. Sally H. Guild, the decedent mentioned in the attached certificate of death, is the same person as Sally H. Guild, one of the grantees in that certain grant, bargain and sale deed dated September 11, 1995, Maybelle Fjellstrom, grantor, to Sally H. Guild, Donna Sherrill and Linda Pulos, trustees of the Sally H. Guild Trust dated August 18, 1992, grantees, recorded September 14, 1995, as Instrument No. 370485, BK 0995, PG 2230, official records of Douglas County, Nevada, covering the following described real property:

**SEE EXHIBIT A, ATTACHED TO THIS AFFIDAVIT AND INCORPORATED BY THIS REFERENCE**

Commonly known as 743 Cedar St., Zephyr Cove, Nevada

[Date, signature and jurat follow, p. 2]

0633246

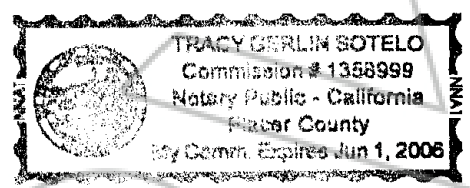
BK 1204 PG 13563

Date: 6 Dec., 2004

Donna Sherrill  
DONNA SHERRILL

SUBSCRIBED AND SWORN TO before me this 6<sup>th</sup> day of December,  
2004

[Signature]  
~~NOTARY PUBLIC FOR NEVADA~~  
California



**COPIES**

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**EXHIBIT A**

Legal Description  
743 Cedar St., Zephyr Cove, Nevada  
Affidavit of Death of Sally H. Guild

Lot 5, in Block C, as shown on the Amended Map of Zephyr Cove Properties, Inc., in Sections 9 and 10, Township 13 North, Range 18 East, M. D .B. & M., filed in the office of the County Recorder of Douglas County, Nevada on August 5, 1929, together with all and singular the tenements, heriditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.



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

**COUNTY OF PLACER**  
**Auburn, California 95603**

**CERTIFICATE OF DEATH**

32004 31

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 10/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
SALLY		DIONE		GUILD	
4A. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
12/19/1933		70		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		3479		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
DIVORCED		06/02/2004		1210	
13. EDUCATION --- Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back)		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		
JURY COMMISSIONER			LAW		
20. DECEDENT'S RESIDENCE (Street and number or location)					
320 ALLISON COURT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
LINCOLN		PLACER		95648	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
I		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
LINDA PULOS: DAUGHTER			5718 JERSEY DRIVE, ROCKLIN, CA 95765		
28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST	
ALBERT		ORIN		HARTT	
34. BIRTH STATE		35. NAME OF MOTHER --- FIRST		36. MIDDLE	
NY		NANCY		BERTHA	
37. LAST (Maiden)		38. BIRTH STATE			
SCOTT		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
06/05/2004		SCATTER OVER THE SIERRA NEVADA MOUNTAINS STATE OF NEVADA			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/TR/SCATT		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
CHAPEL OF THE VALLEY		FD-1671			
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
06/04/2004 CH					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
PLACER		320 ALLISON COURT		LINCOLN	
107. CAUSE OF DEATH					
Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		RESPIRATORY ARREST		108. DEATH REPORTED TO CORONER? (AT) PERSONAL NUMBER	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		ASPIRATION PNEUMONIA		109. BIOPSY PERFORMED? (BT)	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		LUNG CANCER		110. AUTOPSY PERFORMED? (CT)	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE? (DT)	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NONE					
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		116. LICENSE NUMBER	
Decedent Altered Since		Decedent Last Seen Alive		A050548	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
07/--/2003		03/01/2004		6/4/04	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
GURINDER KANWAR, MD. 3100 DOUGLAS BLVD. ROSEVILLE, CA 95661					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

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STATE REGISTRAR A B C D E CERTIFIED COPY OF VITAL RECORDS FAX AUTH.# 82451 CENSUS TRACT

STATE OF CALIFORNIA }  
COUNTY OF PLACER } SS

DATE ISSUED  
**06/10/2004**

\*000160613\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

*Richard J. Burton*

Richard J. Burton, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR

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

