

OFFICIAL RECORD

Requested By:
STEWART TITLE

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0405 PG- 8696 RPTT: 0.00



A.P.N. # 1220-04-002-010
ESCROW NO. 050700771
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

EDNA J. WALKER
1283 CENTERVILLE LANE
GARDNERVILLE, NV 89410

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

EDNA J. WALKER, of legal age, being first duly sworn, deposes and says: That RALPH THOMAS WALKER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RALPH THOMAS WALKER named as one of the parties in that certain Deed dated March 31, 1998 executed by WILLIAM W. SECOR & EFFIE J. SECOR to WILLIAM W. SECOR & EFFIE J. SECOR, HUSBAND AND WIFE & EDNA as joint tenants, recorded as Instrument No. 436393, on April 01, 1998 in Book 498, Page 122, of Official Records of Douglas 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: April 11, 2005

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }

[Signature]
EDNA J. WALKER

L. HENDRICK
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No. 93-2710-5 - EXPIRES APRIL 29, 2005

This instrument was acknowledged before me on 4-13-05,
by, EDNA J. WALKER

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

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 050700771

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

All that certain lot, piece or parcel of land situate lying and being a portion of the Northwest 1/4 of the Southwest 1/4 of Section 4, Township 12 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Beginning at a point whence the 1/4 section corner between Sections 4 and 5 in Township 12 North, Range 20 East, M.D.B.&M., bears North 76°26' West 15 chains and 92 links distance; thence running South 5-1/2° East 2 chains and 30 links along a fence to the Northerly side of the Public road; thence South 48-1/2° East along the Northerly line of said road 4 chains and 75 links to the Southeast corner of a field, thence North 1°41' East along a line of fence on the East side of said field, 5 chains and 48 links; thence due West 4 chains along a fence to the PLACE OF BEGINNING.

Assessors Parcel No. 1220-04-002-010

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED APRIL 1, 1998, BOOK 0498, PAGE 0122, AS FILE NO. 0436393, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) RALPH		2. MIDDLE THOMAS		3. LAST (FAMILY) WALKER			
4. DATE OF BIRTH M/M/DD/C CYY 05/31/1923		5. AGE YRS. 78		6. SEX M		7. DATE OF DEATH M/M/DD/C CYY 09/13/2001	
8. HOUR 1100		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 5821		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12		14. RACE Caucasian			
15. USUAL EMPLOYER United States Postal Service		16. USUAL OCCUPATION Rural Mail Carrier		17. YEARS IN OCCUPATION 30		18. USUAL RESIDENCE 4616 San Jacinto Avenue	
19. CITY Atascadero		20. COUNTY San Luis Obispo		21. ZIP CODE 93422		22. STATE OR FOREIGN COUNTRY CA	
23. NAME, RELATIONSHIP Edna Walker, Wife		24. MAILING ADDRESS (STREET AND NUMBER OR PO BOX, ROSTER NUMBER, CITY OR TOWN, STATE, ZIP) 1283 Centerville Lane, Gardnerville, NV 89410					
25. NAME OF SURVIVING SPOUSE—FIRST Edna		26. MIDDLE Dean		27. LAST (MARRIED) Gronkright			
28. NAME OF FATHER—FIRST Ralph		29. MIDDLE Walker		30. LAST Unknown			
31. NAME OF MOTHER—FIRST Mary		32. MIDDLE Hodgson		33. LAST (MAIDEN) Unknown			
34. DATE M/M/DD/C CYY 09/18/2001		35. PLACE OF FINAL DISPOSITION Santa Margarita District Cemetery, Santa Margarita, CA 93453					
36. TYPE OF DISPOSITION CN/BI		37. SIGNATURE OF EMBALMER Not Embalmed		38. LICENSE NO.			
39. NAME OF FUNERAL DIRECTOR Chapel of the Roses		40. LICENSE NO. FD 280		41. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		42. DATE M/M/DD/C CYY 09/18/2001	
43. PLACE OF DEATH Stevens Vista Reg. Med. Center		44. ICD-10 CODE J01.90		45. ICD-9 CODE 041.01		46. COUNTY San Luis Obispo	
47. STREET ADDRESS 1010 Murray Avenue		48. CITY San Luis Obispo					
49. IMMEDIATE CAUSE (A) LYMPHOMA		50. TIME INTERVAL BETWEEN ONSET AND DEATH MONTHS		51. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
52. DUE TO (B)		53. ICD-10 CODE		54. ICD-9 CODE 01R-0686			
55. DUE TO (C)		56. ICD-10 CODE		57. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
58. DUE TO (D)		59. ICD-10 CODE		60. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107							
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE.							
63. 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 DECEDENT LAST BEEN ALIVE 08/31/2001 08/31/2001		64. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Jeffrey R. Bourne, D.O., P.O. Box 148, Templeton, CA 93465		65. LICENSE NO. 20A7050		66. DATE M/M/DD/C CYY 09/17/2001	
67. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Jeffrey R. Bourne, D.O., P.O. Box 148, Templeton, CA 93465		69. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		70. INJURY DATE M/M/DD/C CYY	
71. 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		72. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		73. HOUR		74. PLACE OF INJURY	
75. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
76. SIGNATURE OF CORONER OR DEPUTY CORONER				77. DATE M/M/DD/C CYY		78. THIRD NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 5754		CENSUS TRACT	

BK- 0405
PG- 8698
04/21/2005

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151030

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED: **SEP 18 2001**
COUNTY SAN LUIS OBISPO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.
[Signature]
HEALTH OFFICER

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

