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APN 148-10-710-036

DOC # 0648284
06/30/2005 12:44 PM Deputy: BC

OFFICIAL RECORD

Requested By:

MCDONOUGH HOLLAND & ALLEN

RECORDED REQUESTED BY AND
WHEN RECORDED MAIL TO

✓ McDONOUGH HOLLAND & ALLEN PC
Attorneys at Law
555 Capitol Mall, 9th Floor
Sacramento, CA 95814
Attention: Dawn H. Cole, Esq.

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0605 PG-14318 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Robert G. West
1400 Teneighth Way
Sacramento, CA 95818

APN: 141810710036

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF CALIFORNIA)
COUNTY OF SACRAMENTO) SS.

ROBERT G. WEST, of legal age, being first duly sworn, deposes and says:

THAT MARTHA GERALDINE WEST, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Martha G. West named as one of the parties in that certain Deed dated May 29, 1979, executed by G. F. Development Co., a Nevada corporation, to Robert G. West and Martha G. West, husband and wife, as Joint Tenants, recorded as Instrument No. 33315, on June 8, 1979, in Book 679, Page 626, Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

FOR LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE.

Dated: 13 JUNE, 2005.

SUBSCRIBED AND SWORN TO (or affirmed) before me
on JUNE 13, 2005, by
ROBERT G. WEST

Robert G. West

ROBERT G. WEST

- personally known to me or
- proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

Lynn R. Stanzel



EXHIBIT "A"

LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, that is described as follows:

PARCEL 1:

Lot 43 in Block A as shown on the Amended Map of GLENBROOK UNIT NO. 2, filed in the office of the Recorder of Douglas County, Nevada, on October 13, 1978.

PARCEL 2:

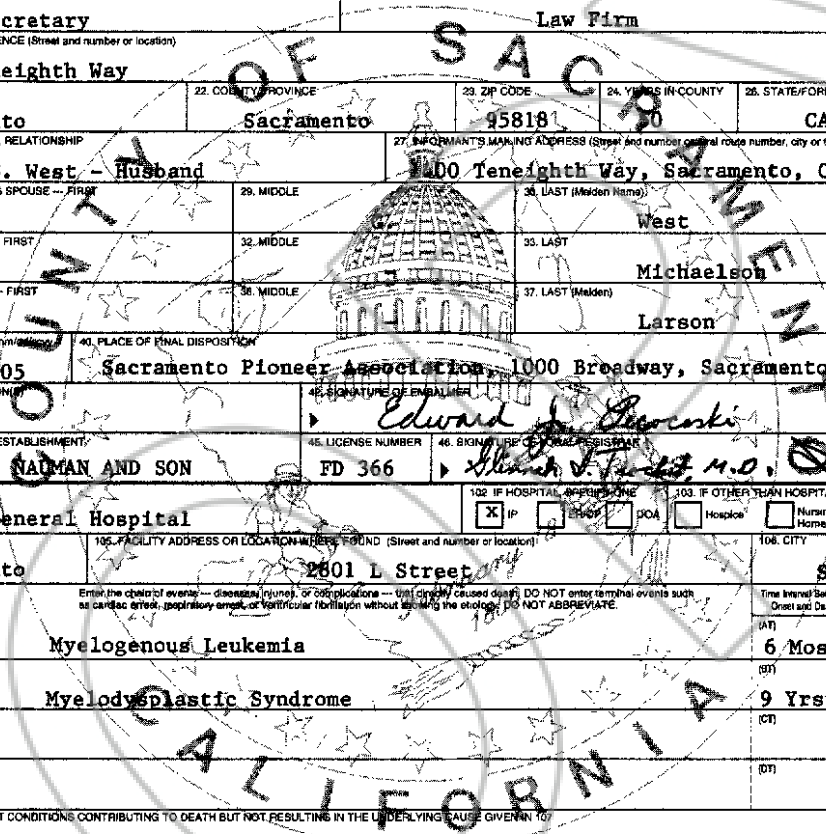
The exclusive right to use for garage purposes that parcel designated as "G. E." 43, in Block A, as shown on the amended Map of GLENBROOK UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on October 13, 1978.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY, NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-11 (REV 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARTHA		2. MIDDLE GERALDINE		3. LAST (Family) WEST	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/31/1919		5. AGE Yrs. 86 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2458		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) Married		7. DATE OF DEATH mm/dd/yyyy 04/24/2005		8. HOUR (24 Hours) 1008	
13. EDUCATION - Highest Level/Degree (see worksheet on back) Professional		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) Caucasian	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Legal Secretary		18. KIND OF BUSINESS OF INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Law Firm		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number or location) 1400 Teneighth Way					
21. CITY Sacramento		22. COUNTY/PROVINCE Sacramento		23. ZIP CODE 95818	
24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Robert G. West - Husband		27. INFORMANT'S MAILING ADDRESS (Street and number, optional route number, city or town, state, ZIP) 1400 Teneighth Way, Sacramento, CA 95818			
28. NAME OF SURVIVING SPOUSE - FIRST Robert		29. MIDDLE West		30. LAST (Maiden Name) West	
31. NAME OF FATHER - FIRST Michael		32. MIDDLE Michaelson		33. LAST Michaelson	
34. BIRTH STATE Norway		35. NAME OF MOTHER - FIRST Malinda		36. MIDDLE Larson	
37. LAST (Maiden) Larson		38. BIRTH STATE MN			
39. DISPOSITION DATE mm/dd/yyyy 04/29/2005		40. PLACE OF FINAL DISPOSITION Sacramento Pioneer Association, 1000 Broadway, Sacramento, CA 95818			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALLER <i>Edward J. Swenski</i>		43. LICENSE NUMBER 8761	
44. NAME OF FUNERAL ESTABLISHMENT HARRY A. NAUMAN AND SON		45. LICENSE NUMBER FD 366		46. SIGNATURE OF LOCAL REGISTRAR <i>Shannagh J. Trickett M.D.</i>	
47. DATE mm/dd/yyyy 04/27/2005		48. BTB BTB			
101. PLACE OF DEATH Sutter General Hospital		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> Other <input type="checkbox"/> SOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY Sacramento		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2801 L Street		106. CITY Sacramento	
107. CAUSE OF DEATH Enter the clinical events - disease, injury, or toxicologic - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) Myelogenous Leukemia (B) Myelodysplastic Syndrome (C) 9 Yrs (D) 6 Mos		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FEDERAL NUMBER		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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 None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) Bone Marrow Biopsy And Aspirate 11/25/2002		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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: 12/19/2001 Decedent Last Seen Alive: 04/19/2005		115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert Miller, M.D.</i>		116. LICENSE NUMBER G59939	
117. DATE mm/dd/yyyy 04/26/2005		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Robert Miller, M. D. 2800 L Street, Suite 300, Sacramento, CA 95816			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS** } SS
COUNTY OF SACRAMENTO

FAN AUTH. # ***000687207*** CERTUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **April 28, 2005**

Shannagh J. Trickett M.D.
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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