

ASSESSOR'S IDENTIFICATION NUMBER: Map Book: 17-100-26

RECORDING REQUESTED BY
Donna Bender

AND WHEN RECORDED MAIL TO:

Name: Donna Bender
Address: 1647 Hopyard Road
City & State: Pleasanton, CA 9

APN 1319-09-801-014

MAIL TAX STATEMENT TO:

Name: Donna Bender
Address: 1647 Hopyard Road
City & State: Pleasanton, CA 9

DOC # 0648655
07/05/2005 12:12 PM Deputy: KLJ

OFFICIAL RECORD
Requested By:
DONNA BENDER

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 5 Fee: 18.00
BK-0705 PG- 1240 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA,)
County of Alameda) SS.
Donna Bender, being of legal age and duly sworn deposes and states that:
the decedent, Stewart Gerald Bender, mentioned in the attached certified copy of the Certificate of
Death is the same Stewart Bender named as one of the parties in the Joint Tenancy Deed
dated 1/11/1990, executed by Judith R. Brierly, an unmarried woman
to Stewart Bender and Donna Bender husband and wife, as joint tenants with
as joint tenants, recorded as Instrument No. _____, on _____, in book _____, page _____,
of Official Records of Douglas County, Nevada covering the following described real
property in the Genoa County of Douglas, Nevada, State of Nevada

SEE ATTACHED DESCRIPTION

Assessment Parcel No. 17-100-26 Commonly Known as: 220 Candy Dance Lane,
Genoa, NV
89411

Dated: 6-14-05
Subscribed and sworn to before me
this _____ day of _____
Signature _____
Name (Typed or Printed)

Donna Bender
Donna Bender

Title Order No.: _____ Escrow, Loan, or Attorney file No.: _____



17-100-26

Lots 140 thru 147 and lots 157 thru 164, in Block 5, of GENOA TOWNSITE as per map made in 1974 and on file in the office of the County Recorder of Douglas County, State of Nevada and further described as Lot 10, Block 5, as set forth on the Record of Survey for RIDL, Ltd., filed for record May 16, 1979, in Book 579, Page 1969, Document No. 32482, Official Records of Douglas County, State of Nevada.

Assessment Parcel No. 17-100-26

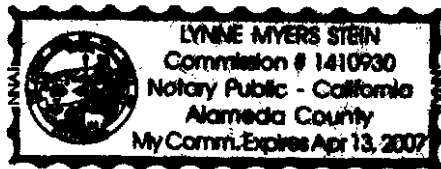
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.



JURAT

State of California
County of Alameda

Subscribed and sworn to (or affirmed) before me on this day, 14th of
June, 2005, by Donna Bender,
personally known to me or proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.



Lynne Myers Stein
Lynne Myers Stein, Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200501002241

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS (S-11 (REV. 106))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Stewart		Gerald		Bender	
4. DATE OF BIRTH <small>mm/dd/yyyy</small>		5. AGE Yrs.		6. SEX	
04/04/1940		64		M	
7. DATE OF DEATH <small>mm/dd/yyyy</small>		8. HOUR (24 hours)		9. MINUTE	
03/28/2005		0218			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <small>(If yes, see worksheet on back)</small>		12. MARITAL STATUS <small>(at Time of Death)</small>	
-4297		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION <small>(Highest Level/Degree (see worksheet on back))</small>		14.18. WAR DECEDENT HISPANIC/LATINO/SPANISH? <small>(If yes, see worksheet on back)</small>		15. 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	
16. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, cold construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
Owner		Window Retrofitting		40	
19. DECEDENT'S RESIDENCE (Street and number or location)					
1647 Hopyard Rd					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Pleasanton		Alameda		94566	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
30		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
Donna Bender - wife		1647 Hopyard Rd., Pleasanton, CA 94566			
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE		30. LAST (N maiden Name)	
Donna		Lee		Lieschwager	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
Arthur		Emanuel		Bender	
34. NAME OF MOTHER -- FIRST		35. MIDDLE		36. LAST (Maiden)	
Edna		Lydia		Bauder	
37. DISPOSITION DATE <small>mm/dd/yyyy</small>		38. PLACE OF FINAL DISPOSITION			
03/29/2005		RES of: Donna Bender, 1647 Hopyard Rd., Pleasanton, CA 94566			
39. TYPE OF DISPOSITION(S)		40. SIGNATURE OF EMBALMER		41. LICENSE NUMBER	
CR/RES		Not Embalmed			
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
Graham-Hitch Mortuary		FD 429		<i>Peter Wong</i>	
45. PLACE OF DEATH		46. DATE OF DEATH		47. DATE <small>mm/dd/yyyy</small>	
Own Residence		03/28/2005		03/29/2005	
106. IF OTHER THAN HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residential Home <input type="checkbox"/> Other					
107. CITY		108. CITY			
Alameda		Pleasanton			
109. CAUSE OF DEATH <small>(Final cause of death - disease, injury, or complication - that directly caused death; DO NOT enter terminal events such as stroke, pneumonia, sepsis, or unspecified infection without stating the etiology; DO NOT abbreviate)</small>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Small Cell Carcinoma of Lung					
110. DEATH REPORTED TO CORONER? <small>(Check one)</small>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. BIOPSY PERFORMED? <small>(Check one)</small>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. ALTOUSY PERFORMED? <small>(Check one)</small>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
113. USED 4-CETANING CAUSE? <small>(Check one)</small>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (LIST IN 107)					
None					
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 114? (If yes, list type of operation and date)					
Lung Biopsy 12/30/2003					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CAUSE OF DEATH IS AS STATED ABOVE.		117. SIGNATURE OF PHYSICIAN		118. DATE <small>mm/dd/yyyy</small>	
Descendant Attended Since		<i>Peter Wong</i>		G17444	
01/05/2004		03/18/2005		3/28/05	
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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE <small>mm/dd/yyyy</small>					
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 <small>mm/dd/yyyy</small>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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 BK- 0705
 PG- 1243

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 05/24/2005

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

Peter Wong m.d.
 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

AFFIDAVIT TO AMEND A RECORD
DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

3200501002241
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Stewart	2. MIDDLE Gerald	3. LAST (FAMILY) Bender
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 03/28/2005	6. CITY OF OCCURRENCE Pleasanton
	7. COUNTY OF OCCURRENCE Alameda		8. FATHER'S NAME AS STATED ON ORIGINAL Arthur Emmanuel Bender
		9. MOTHER'S NAME AS STATED ON ORIGINAL Edna Lydia Bauder	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
40.	RES of: Donna Bender 1647 Hopyard Rd Pleasanton, CA 94566	19/20 RES of: Donna Bender 1647 Hopyard Rd Pleasanton, CA 94566
		1/20 RES of: Donna Bender 1647 Hopyard Rd Pleasanton, CA 94566
		2 of 2

REASON FOR CORRECTION 13. To split cremated remains.

AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

14. SIGNATURE OF FIRST PERSON <i>Brandi Calin</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	16. DATE SIGNED—MM/DD/CCYY 03/28/2005
17. AGE Adult over 21	18. ADDRESS (STREET, CITY, STATE, ZIP) 4167 First St., Pleasanton, CA 94566	
19. SIGNATURE OF SECOND PERSON <i>Shirley Jones</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Office Manager	21. DATE SIGNED—MM/DD/CCYY 03/28/2005
22. AGE Adult over 21	23. ADDRESS (STREET, CITY, STATE, ZIP) 4167 First St., Pleasanton, CA 94566	
24. SIGNATURE OF STATE OR LOCAL REGISTRAR <i>Aut B m.d.</i>	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 03/29/2005	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

000470132

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COUNTY OF ALAMEDA } SS

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Aut B m.d.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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