

17- 1220-21-510-042

ASSESSOR'S IDENTIFICATION NUMBER: Map Book: \_\_\_\_\_  
29-204-05

RECORDING REQUESTED BY

Donna Bender

AND WHEN RECORDED MAIL TO:

Name: Donna Bender  
Address: 1647 Hopyard Road  
City & State: Pleasanton, CA 94566

DOC # 0648657  
07/05/2005 12:19 PM Deputy: KLJ

OFFICIAL RECORD

Requested By:  
DONNA BENDER

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00  
BK-0705 PG- 1247 RPTT: 0.00



MAIL TAX STATEMENT TO:

Name: Donna Bender  
Address: 1647 Hopyard Road  
City & State: Pleasanton, CA 94566

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 August 7, 1989, executed by NEVADA JOHNSON INC. a Nevada Corporation  
to Stewart Bender and Donna Bender, husband and wife as joint tenants with right of  
as joint tenants, recorded as Instrument No. \_\_\_\_\_, on \_\_\_\_\_ in book \_\_\_\_\_ page \_\_\_\_\_  
of Official Records of DOUGLAS COUNTY, NEVADA County, Nevada covering the following described real  
property in the City of Gardnerville County of Douglas, State of Nevada, State of Nevada  
Lot 110, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for  
record on May 29, 1973, in the office of the County Recorder of Douglas County,  
Nevada, as Document No. 66512, and on Record of survey recorded October 1, 1982, in  
Book 1082, of oOfficial Records at Page 006, as Document No. 71399.

Assessment Parcel No. 29-204-05 Commonly Known as: 1378 Kimmerling, Gardnerville, NV  
89410

Dated: 6-14-05

Donna Bender

Subscribed and sworn to before me

Donna Bender

this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Name (Typed or Printed)

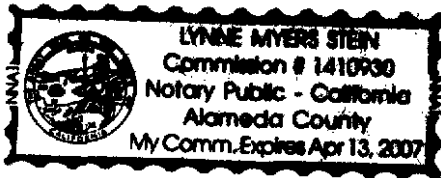
Title Order No.: \_\_\_\_\_ Escrow, Loan, or Attorney file No.: \_\_\_\_\_



# JURAT

State of California  
County of Alameda

Subscribed and sworn to (or affirmed) before me on this day, 14<sup>th</sup> 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 VS 11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Stewart		Gerald		Bender	
AKA ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		04/04/1940		64	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		4297		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
Married		03/28/2005		0218	
13. EDUCATION -- Highest Level/Degree (see worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (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.)		19. YEARS IN OCCUPATION	
Owner		Window Retrofitting		40	
20. 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 ( Maiden Name)	
Donna		Lee		Liebschwager	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
Arthur		Emmanuel		Bender	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST			
SD		Edna			
36. BIRTH STATE		37. MIDDLE			
SD		Lydia			
38. BIRTH STATE		39. LAST			
SD		Baeder			
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION			
03/29/2005		RES of: Donna Bender, 1647 Hopyard Rd., Pleasanton, CA 94566			
42. TYPE OF DISPOSITION		43. SIGNATURE OF SURVIVOR		44. LICENSE NUMBER	
CR/RES		Not Embalmed		-	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER (see SIGNATURE OF LOCAL REGISTRAR)		47. DATE mm/dd/yyyy	
Graham Hitch Mortuary		RD 429		03/29/2005	
101. PLACE OF DEATH					
Own Residence					
102. COUNTY		103. PROPERTY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
Alameda		1647 Hopyard Rd		Pleasanton	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Order and Death		110. DEATH REPORTED TO CORONER?	
Small Cell Carcinoma of Lung		11 yrs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED AS CAUSE OF DEATH		113. A. IF FEMALE, PREGNANT IN LAST YEAR (month)	
		None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, see type of operation performed)		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Lung Biopsy 12/30/2003		Peter P. Wong, MD		G17444	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
Decedent Attended Since		Peter Wong, MD		3/28/05	
01/05/2004		5720 Stoneridge Mall Rd #310, Pleasanton, CA 94588			
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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	

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BK- 0705  
PG- 1249

FAX AUTH. # 69489  
\*000462694\*

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

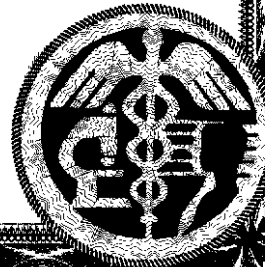
This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 04/05/2005

*Ant D m.o.*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**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
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 03/28/2005	6. CITY OF OCCURRENCE Pleasanton
ADDITIONAL INFORMATION TO LOCATE RECORD	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

13. REASON FOR CORRECTION: To split created records.

**AFFIDAVIT 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 Collins</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>Sherris 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>A. H. 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



**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

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*A. H. B. M. D.*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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PG- 1250

