

OFFICIAL RECORD

Requested By:

SHARON RENSCHLER

Recording Requested By:

SHARON J. RENSCHLER

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1005 PG- 9326 RPTT: 0.00

When Recorded Mail To:



✓ SHARON J. RENSCHLER
ATTORNEY AT LAW
600 YORK STREET
LODI, CA 95240

AFFIDAVIT - DEATH OF JOINT TENANT

(Nevada)

APN 1320-31-574-002

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

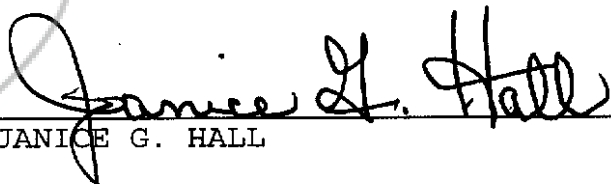
JANICE G. HALL, of legal age, being first duly sworn, deposes and says:

That RICHARD CHARLES HALL, SR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD C. HALL, named as one of the parties in that certain Joint Tenancy Deed dated May 8, 1992, wherein the subject real property was conveyed to RICHARD C. HALL and JANICE G. HALL, as Joint Tenants, which was recorded on May 28, 1992, as Document No. 279716 of Official Records of Douglas County, Nevada, covering the following real property located in the County of Douglas, State of Nevada, to wit:

Lot 3, as shown on the Official Map of GREENBELT NO. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on January 8, 1976, as Document No. 86596.

APN: 25-221-08

DATED: September 6, 2005



JANICE G. HALL

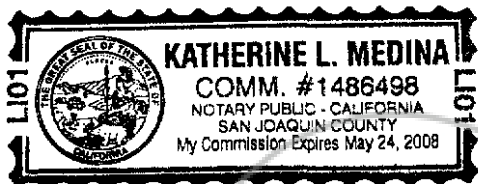
STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN JOAQUIN)

On September 6, 2005, before me, KATHERINE L. MEDINA, a Notary Public in and for said County and State, personally appeared JANICE G. HALL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Katherine L. Medina

Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA
CERTIFICATE OF DEATH

\$ 1997 39 002899

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Richard		2. MIDDLE Charles		3. LAST (FAMILY) Hall Sr.			
4. DATE OF BIRTH MM/DD/CCYY 03/16/1936		5. AGE YRS. 61		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 08/25/1997	
8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 6953		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER City of Stockton			
17. OCCUPATION Firefighter		18. KIND OF BUSINESS Fire Department		19. YEARS IN OCCUPATION 25			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 8408 Galloway Drive							
21. CITY Stockton		22. COUNTY San Joaquin		23. ZIP CODE 95210		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Janice Hall-wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 8408 Galloway Drive Stockton, CA 95210					
28. NAME OF SPOUSE—FIRST Janice		29. MIDDLE Grace		30. LAST (FAMILY NAME) Andrews			
31. NAME OF FATHER—FIRST Loyal		32. MIDDLE Harold		33. LAST Hall Sr.		34. BIRTH STATE TX	
35. NAME OF MOTHER—FIRST Katherine		36. MIDDLE Dorothy		37. LAST (FAMILY NAME) Johnston		38. BIRTH STATE PA	
39. DATE MM/DD/CCYY 06/29/1997		40. PLACE OF FINAL DISPOSITION Cherokee Memorial Park Harney Ln & Hwy 99, Lodi, CA					
41. TYPE OF DISPOSITION Burial		42. SIGNATURE OF CHANGEMAKER <i>[Signature]</i>				43. LICENSE NO. 7989	
44. NAME OF FUNERAL DIRECTOR DeYoung Shoreline Chapel		45. LICENSE NO. FD 1479		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 08/28/1997 KL	
101. PLACE OF DEATH St. Joseph's Med. Center		102. IF HOSPITAL: SECURITY CODE <input type="checkbox"/> IP <input type="checkbox"/> SWOP <input type="checkbox"/> DDH		103. FACILITY TYPE (SEE HOSPITAL) <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> NRS. CARE <input type="checkbox"/> OTHER		104. COUNTY San Joaquin	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1800 N. California Street		106. CITY Stockton					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Gunshot Wound to head		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL NUMBER		109. INTERVAL BETWEEN DEATH AND BIRTH 86 hours		110.opsy PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. CAUSE OF DEATH DUE TO (B) DUE TO (C) DUE TO (D)		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.		117. DATE MM/DD/CCYY			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. INJURY DATE MM/DD/CCYY		121. PLACE OF INJURY	
122. BEING HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) PENDING		123. NATURE 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"/> CAUSE NOT KNOWN		124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY ZIP)			
125. SIGNATURE OF RESPONDER OR DEPUTY CORONER <i>[Signature]</i>		126. DATE MM/DD/CCYY 08/27/1997		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER T. SCOTT DEPUTY-CORONER		128. STATE TRUST 3303	
129. SIGNATURE OF REGISTRAR <i>[Signature]</i>		130. LICENSE NO. 82336		131. COUNTY TRUST 3303			

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000735431

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

AUG 30 2005

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of San Joaquin County Recorder.

[Signature]
GARY W. FREEMAN, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH **9 1997 39 002899**

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE/LOCAL REGISTRATION DISTRICT ONLY	1	2	3	4	5	
PART I INFORMATION TO LOCATE RECORD	1 NAME—FIRST (GIVEN) Richard		2 MIDDLE Charles		3 LAST (FAMILY) Hall, Sr.	
	5 DATE OF EVENT—MM/DD/CCYY 08/25/1997		6 CITY OF OCCURRENCE Stockton		7 COUNTY OF OCCURRENCE San Joaquin	
	4 SEX M					
PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D; 2 of 2			TIME INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs.	106. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE	(A) Gunshot Wound to head			108. BUNNY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(B)			109. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		(C)			110. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO	(D)				
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE ENTER IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT HOME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE—MM/DD/CCYY 08/25/1997	122. HOUR 0856	123. PLACE OF INJURY Home
	124. DESCRIBE HOW INJURY OCCURRED; EVENTS WHICH RESULTED IN INJURY Gunshot Wound					
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 8408 Galloway Drive, Stockton 95210					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
	8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Sgt. Isaac</i>		9. DATE SIGNED—MM/DD/CCYY 09/25/1997		10. TITLE OR PRINTED NAME AND REGISTRY/TITLE OF CERTIFIER Sgt. Isaacs/Deputy Coroner	
	11. ADDRESS—STREET AND NUMBER 7000 S. Michael N. Canlis Blvd.		12. CITY French Camp		13. STATE Ca.	14. ZIP CODE 95231
	15. OFFICE OF STATE REGISTRATION OR SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		16. DATE RECEIVED BY REGISTRAR—MM/DD/CCYY 9/10/1997			

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0658332

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DATE ISSUED **AUG 30 2005**

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

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[Signature]
GARY W. FREEMAN, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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

