

OFFICIAL RECORD

Requested By:

PACIFIC CORPORATE & TITLE

SERVICES

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00

BK-1205 PG-1892 RPTT: 0.00



RECORDING REQUESTED BY:

Chicago Title Company

RECORDED AT THE REQUEST OF
CHICAGO TITLE COMPANY

AND WHEN RECORDED MAIL TO:

Sandra L. Geyer
2879 Jackie Circle
Minden, NV 89423

Order No.: 208156270
Escrow No.: 446010-CN
APN: 1420-27-310-008

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF Nevada)
) SS.
COUNTY OF Douglas)

Sandra L. Geyer of legal age, being first duly sworn, deposes and says:

- Ken Geyer is the decedent mentioned in the attached certified copy of Certificate of Death, who died on 03/04/2005 at Kaiser Medical Center;
- I am the surviving spouse of Decedent and was married to Decedent on the date of death.
- Decedent and I at all times considered the following real property situated in the County of Douglas, State of ~~California~~ NEVADA to be X community property / Joint Tenancy
- More than forty (40) days have passed since decedent's death.
- There has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 (election to probate spouse's interest in such real property or transfer it to spouse's trust).
- I am the successor to decedent's interest in such real property and I have full power to sell, lease, encumber and otherwise deal with and dispose of such property pursuant to Probate Code Section 13540. No other person has any right in such property by testate or intestate succession.
- This affidavit is made for the benefit and protection of my successors and all other parties dealing with such property, including title insurance companies insuring title to such property.

Dated: 9-6-2005

Sandra L. Geyer

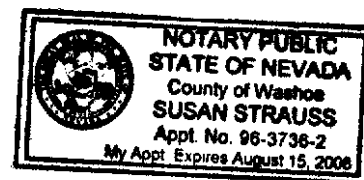
SUBSCRIBED AND SWORN TO (or affirmed) before

Me on this 6th day of Sept, 2005 by

SANDRA GEYER

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

NOTARY SIGNATURE



(THIS AREA FOR NOTARY SEAL)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

Lenders Record Report

Exhibit A

Lenders Reference No. 2096095/ALLEN

CTC Report No. 208156270

LOT 8 AS SET FORTH ON FINAL SUBDIVISION MAP LDA #99-052 OF BUCKBRUSH ESTATES PHASE 1,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON
AUGUST 9, 2000, IN BOOK 0800, PAGE 1587 AS DOCUMENT NO. 497366.

COPY



EXHIBIT A

LOT 8 AS SET FORTH ON FINAL SUBDIVISION MAP LDA #99-052 OF BUCKBRUSH ESTATES
PHASE 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE
OF NEVADA ON AUGUST 9, 2000, IN BOOK 0800, PAGE 1587 AS DOCUMENT NO. 497366.

COPY



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN
SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

D120521000393

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
KENNETH		ALLAN	
3. LAST (Family)		GEYER	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
KEN GEYER			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
02/02/1955		50	
6. UNDER ONE YEAR		7. FURTHER IN HOURS	
Months		Days	
Hours		Minutes	
8. SEX		Male	
9. BIRTH STATE		California	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
9979		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH mm/dd/yyyy	
Married		03/04/2005	
14. HOURS (24 Hours)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
0930		Caucasian	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Electrician		Construction	
18. YEARS IN OCCUPATION		19. YEARS IN INDUSTRY	
2879 Jackie Circle		15	
20. DECEDENT'S RESIDENCE (Street and number or location)			
21. CITY			
Minden			
22. COUNTY			
Douglas			
23. ZIP CODE			
89423			
24. YEARS IN COUNTY			
0			
25. STATE/FOREIGN COUNTRY			
Nevada			
26. INFORMANT'S NAME, RELATIONSHIP			
Sandra Geyer - Wife			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
2879 Jackie Circle, Minden, Nevada 89423			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
Sandra		Lynn	
30. LAST (Maiden Name)		Moreland	
31. NAME OF FATHER - FIRST		32. MIDDLE	
Milo		Eliwood	
33. LAST (Maiden Name)		Geyer	
34. BIRTH STATE		North Dakota	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
Mary		Louise	
37. LAST (Maiden Name)		White	
38. BIRTH STATE		Illinois	
39. DISPOSITION DATE mm/dd/yyyy			
03/11/2005			
40. PLACE OF FINAL DISPOSITION			
Lone Tree Cemetery, 2451 Fairview Avenue, Hayward, California			
41. TYPE OF DISPOSITION			
CR/BU			
42. SIGNATURE OF EXAMINER			
Not Emb. Imel			
43. LICENSE NUMBER			
-			
44. NAME OF FUNERAL ESTABLISHMENT			
DEERCREEK FUNERAL SERVICE			
45. LICENSE NUMBER			
Fd-1505			
46. DATE mm/dd/yyyy			
03/10/2005			
101. PLACE OF DEATH			
Kaiser Medical Center			
102. COUNTY			
Marin			
103. FACILITY ADDRESS OR LOCATION (WHERE FOUND) (Street and number or location)			
99 Montecillo Road			
104. CITY			
San Rafael			
105. CAUSE OF DEATH			
Enter the chain of events -- disease, injury, or complication -- that caused death. DO NOT enter terminal event only, as cardiac arrest, respiratory arrest, or vascular collapse. DO NOT abbreviate.			
IMMEDIATE CAUSE (Final disease or condition reported in death)			
Aspiration			
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST			
Meningeal Sclerosis			
106. SIGNATURE OF CORONER			
James Waterhouse			
107. TYPE OF OPERATION PERFORMED FOR AUTOPSY (If yes, list type of operation and date)			
None			
108. IF FEMALE, PREGNANT IN LAST YEAR			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
109. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED			
110. SIGNATURE AND TITLE OF CORONER			
James Waterhouse, M.D.			
111. LICENSE NUMBER			
G 57892			
112. DATE mm/dd/yyyy			
03/08/2005			
113. I CERTIFY THAT IN AN OPEN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED			
114. MANNER OF DEATH			
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
115. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
116. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
117. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
118. SIGNATURE OF CORONER / DEPUTY CORONER			
119. DATE mm/dd/yyyy			
120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
Fred S. Schwartz, M.D.			
121. INJURY DATE mm/dd/yyyy			
122. HOURS (24 Hours)			
-			
STATE REGISTRAR			
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MARIN

SS DATED ISSUED
03/18/2005

000276613

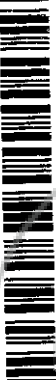
This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, M.D.
HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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BK- 1205
PG- 1895

