

15-

RECORDING REQUESTED BY

Joanne King

AND WHEN RECORDED MAIL TO:

Joanne King  
1157 Johnson Blvd.  
So. Lake Tahoe, CA  
96150

APN: 1220-22-210+28

DOC # 0663252  
12/13/2005 11:25 AM Deputy: KLU

OFFICIAL RECORD  
Requested By:  
JOANNE KING

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-1205 PG- 5688 RPIT: 0.00

M	S	U	PAGE
A	R	L	



SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada parcel # 1220-22-210-128  
COUNTY OF Douglas

Joanne King of legal age, being first duly sworn, deposes and says:

That Russell James King the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Russell J. King Sr

named as one of the parties in that certain grant deed dated 3-21-26, 2004 executed by Michael D. Beam + Deborah L. Beam, husband + wife

to Russell J. King + Joanne King as joint tenants, recorded as Instrument No. 0607120 on Book 0304, Page 0625

of the Official Records in the Office of the County Recorder of Douglas County,

State of Nevada, concerning the following described real property situated in the City of Gardnerville County of Nevada <sup>JK</sup> State of Nevada:

(Insert Legal Description) Douglas

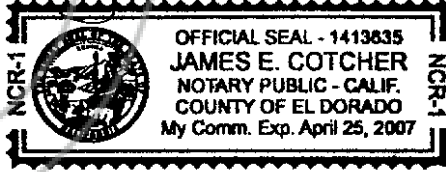
Lot 634, as shown on the map of Gardnerville Ranchos Unit no. 6, filed in the office of the county recorder of Douglas County, state of Nevada, on May 29, 1973, Document # 66512

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 320,000.00

Dated 11-30, 2005.

Joanne King  
SIGNATURE OF JOINT TENANT  
Joanne Susan King  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

\_\_\_\_\_  
SIGNATURE OF JOINT TENANT  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)



SUBSCRIBED AND SWORN TO BEFORE ME  
this 30 day of November, 2005  
James E Cotcher  
(SIGNATURE OF NOTARY)  
James E. Cotcher

MAIL TAX STATEMENT TO: Joanne King

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT  
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200509000784

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 10/01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RUSSELL		JAMES		KING	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Mths. Ds. Hrs. Mins. S. SEX	
		03/13/1951		54 M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back)	
HI		1264		YES NO UNK	
13. EDUCATION - Highest Level/Type (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATIN/SPANISH? (If yes, see worksheet on back)		15. MARITAL STATUS (at Time of Death)	
SOME COLLEGE		YES NO		MARRIED	
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.)		18. YEARS IN OCCUPATION	
CARPENTER		CASINO REMODELLING		30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1157 JOHNSON BLVD.					
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or post route number, city or town, state, ZIP)			
JOANNE SUSAN KING - WIFE		1157 JOHNSON BLVD., SO. LAKE TAHOE, CA 96150			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
JOANNE		SUSAN		WHITE	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
ROBERT				KING	
34. NAME OF MOTHER - FIRST		35. MIDDLE		37. LAST ( Maiden)	
SYLVIA				RICHELLE	
38. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
09/29/2005		JOANNE SUSAN KING, 1157 JOHNSON BLVD., SO. LAKE TAHOE, CA			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		47. DATE mm/dd/yyyy	
McFARLANE MORTUARY		FD-1180		09/27/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> O <input type="checkbox"/> H		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Caretaker's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
EL DORADO		1157 JOHNSON BLVD.		SO. LAKE TAHOE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time since Death (hrs and mins)		Date Reported (mm-dd-yyyy)	
METASTATIC COLON CANCER		4 MO		05-11-83	
110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation in 115.)					
COLECTOMY; COLOSTOMY; BIOPSY-COLON 05/05/2005					
116. HOUR DATE AND PLACE STATED FROM THE CORONER'S STATEMENT		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER	
Decedent Attended Since Disposed Last Seen Alive		STEPHEN HEWITT, DO, 1090 3rd ST., SO. LAKE TAHOE, CA 96150		20A8217	
119. CERTIFY THAT IN ANY COMMON DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		YES NO UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # 4351 CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

\*000091973\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 10/10/2005

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Sheldon R. Minkin, D.O.  
SHELDON R. MINKIN, D.O.  
COUNTY HEALTH OFFICER

