

OFFICIAL RECORD  
Requested By:  
WESTERN TITLE COMPANY INC

APN: 1220-09-410-031

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0206 PG- 3929 RPTT: 0.00

RECORDING REQUESTED BY:  
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name SHERRI PORTER  
Street P.O. BOX 880  
Address  
City,State GENOA, NV 89411  
Zip

Order No.



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT - DEATH OF JOINT TENANT**

SHERRI PORTER, of legal age, being first duly sworn, deposes and says:

That HAROLD EUGENE PORTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HAROLD E. PORTER named as one of the parties in that certain Grant, Bargain and Sale Deed dated May 1, 2000, executed by W. JOHN NICHOLSON to Harold E. Porter and Sherri Porter, Husband and Wife as joint tenants, recorded as instrument No. 0491247, on May 4, 2000, in Book 0500, Page 0865 & 0866, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Garnerville, County of Douglas, State of Nevada:

FOR LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY and without liability for the consideration therefor; or as to the validity o. sufficiency of said instrument or for the effect of such recording on the title of the property involved.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 10.00.

Dated January 19, 2006


*Sherri Porter*  
Sherri Porter, Surviving Joint Tenant

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me on January 19, 2006,

by Sherri Porter

*J. Jones*  
Notary Public

 J. JONES  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-83980-5 - Expires August 21, 2007

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot *A*, Block *L* as set forth on the Final Map of SILVERANCH Phase 7, LDA #97-008-7 filed in the office of the County Recorder of Douglas County, State of Nevada on June 7, 2002, Book 0602, at Page 2203, as Document No. 544102.



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of CONTRA COSTA**  
**MARTINEZ, CALIFORNIA**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	3. LAST (Family)
Harold		Eugene	Porter
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	6. SEX
07/07/1928		77	M
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?
MO		9312	<input checked="" type="checkbox"/> YES <input 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		11/08/2005	2259
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	
HS Graduate		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
Caucasian		Land Developer	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Home Construction		60	
20. DECEDENT'S RESIDENCE (Street and number or location)			
2521 Genoa Aspen Drive			
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE
Genoa		Douglas	89411
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
2		NV	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Sherri Porter (wife)		P. O. Box 880, Genoa, NV 89411	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	30. LAST (Maiden Name)
Sherri		-	Stephens
31. NAME OF FATHER - FIRST		32. MIDDLE	33. LAST
Harold		-	Porter
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
MO		Jennie	
36. MIDDLE		37. LAST (Maiden)	38. BIRTH STATE
-		Neil	MO
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
11/15/2005		At Sea Off The Coast Of San Francisco County	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/SEA		Not Embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		HULL'S WALNUT CREEK CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 250		<i>Wendell Brunner</i>	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
11/15/2005		<i>Wendell Brunner</i>	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Mt. Diablo Medical Center		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Contra Costa		2540 East St.	
106. CITY		107. CAUSE OF DEATH	
Concord		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. BIRTH STATE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MO	
Time Interval Between Onset and Death		110. BIOPSY PERFORMED?	
minutes		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
minutes		111. AUTOPSY PERFORMED?	
minutes		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
minutes		112. USED IN DETERMINING CAUSE?	
minutes		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
Aortic Valve Replacement, Coronary Bypass, Maze Procedure 10/18/2005			
113A. IF FEMALE PREGNANT IN LAST YEAR?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		<i>Wendell Brunner</i>	
Decedent Last Seen Alive		116. LICENSE NUMBER	
10/12/2005		11/08/2005	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER	
Rolf Sommerhaug, MD 2700 Grant St. Concord Ca 94520		C33714	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. DATE mm/dd/yyyy	
120. INJURED AT WORK?		118. DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11/14/2005	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		MANNER OF DEATH: <input type="checkbox"/> 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	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
127. DATE mm/dd/yyyy		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		126. SIGNATURE OF CORONER / DEPUTY CORONER	
129. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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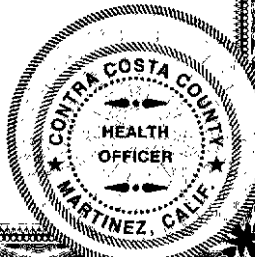
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED NOV 16 2005  
COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

*Wendell Brunner (M)*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE