

OFFICIAL RECORD

Requested By:

STEPHEN ATKINSON

Parcel No. 1319-19-310-020
RECORDING REQUESTED BY:
William D. Atkinson

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0306 PG- 5758 RPTT: 0.00



When recorded mail to:
✓ Mr. Stephen M. Atkinson, etal
P.O. Box 613
Zephyr Cove, NV 89449

SPACE ABOVE THIS LINE FOR RECORDS USE


AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF DOUGLAS } S.S.

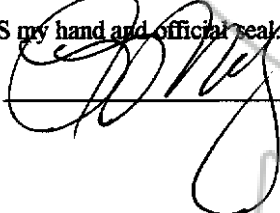
William D. Atkinson, of legal age, being first duly sworn, deposes and says: That Marilyn J. Atkinson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed, dated May 17, 1990 executed by Prose Financial Corporation, A California Corporation to William D. Atkinson and Marilyn J. Atkinson, husband and wife as joint tenants, as to an undivided 1/2 interest, recorded as Instrument No. 226503 on May 22, 1990, in Book 590, Page 3260, of Official Records of Douglas County, Nevada, covering the following described real property in Douglas County, State of Nevada

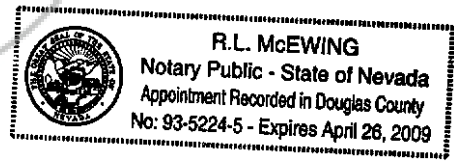
Lot 2, Block 4, as shown on the map of Kingsbury Estates No. 1, filed in the Office of the County Recorder on September 26, 1960 in Book 1 of Maps, as Document No. 16645, Official Records of Douglas County, State of Nevada

Dated: March 16, 2006


William D. Atkinson

SUBSCRIBED AND SWORN to before me, this 16th day of March, 2006

WITNESS my hand and official seal
Signature 

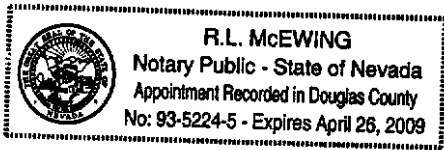


State of Nevada }
County of Douglas } ss:

On 3-16-06

Before me, a Notary Public, personally appeared
William D. Atkinson,

personally known to me -or- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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(s) acted, executed the instrument



WITNESS my hand and official seal

[Signature]
R. L. McEWING
NAME (TYPED OR PRINTED)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200437 015357

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (GIVEN) Marilyn		2. MIDDLE Joan		3. LAST (FAMILY) Atkinson	
4. DATE OF BIRTH mm/dd/yyyy 07/05/1930				5. AGE Yrs. 74	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 09/29/2004		8. HOUR (24 Hour) 1800	
9. BIRTH STATE/FOREIGN COUNTRY NV		10. SOCIAL SECURITY NUMBER 9506		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) Mar.		13. EDUCATION - Highest grade (See worksheet on back) 12		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Office Work Secretary		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Title and Escrow Company	
19. YEARS IN OCCUPATION 10		20. DECEDENT'S RESIDENCE (Street and number or location) 210 Beverly Rd.			
21. CITY Staneline		22. COUNTY/PROVINCE Douglas		23. ZIP CODE 89449	
24. YEARS IN COUNTY 14		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP William D. Atkinson-Husband		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state, ZIP) 210 Beverly Rd. Staneline, NV 89449			
28. NAME OF SURVIVING SPOUSE - FIRST William		29. MIDDLE D.		30. LAST (Maiden Name) Atkinson	
31. NAME OF FATHER - FIRST Robert		32. MIDDLE Abeel		33. LAST Mitchell	
34. BIRTH STATE NV		35. NAME OF MOTHER - FIRST Marion		36. MIDDLE N.	
37. LAST (Maiden) Stoddard		38. BIRTH STATE NV			
39. DISPOSITION DATE mm/dd/yyyy 10/06/2004		40. PLACE OF FINAL DISPOSITION RES: William D. Atkinson 210 Beverly Rd. Staneline, NV 89449			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF ENBALMER Not Embalmed		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT Cremation Services, Inc.		45. LICENSE NUMBER FD 1618		46. SIGNATURE OF LOCAL REGISTRAR Nancy L Bowen MD	
47. DATE mm/dd/yyyy 10/06/2004					
101. PLACE OF DEATH Tri City Hospital		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCK <input type="checkbox"/> Hospita <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY San Diego		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 4002 Vista Wy.		106. CITY Oceanside	
107. CAUSE OF DEATH 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. Respiratory Failure		Time Interval Between Onset and Death (A) 12 Days		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia		(B) 12 Days		109. BICOPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequently, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Aspiration		(C) 12 Days		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CVA		(D) 12 Days		111. USED IN DETERMINING CAUSE? <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 Hypertension					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 09/25/2004 Decedent Last Seen Alive: 09/29/2004		115. SIGNATURE AND TITLE OF CERTIFIER Nancy L Bowen MD		116. LICENSE NUMBER A25126	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Frank Corona, MD		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 3231 Waring Ct. #D, Oceanside, CA 92056		119. DATE mm/dd/yyyy 10/05/2004	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	
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	
STATE REGISTRAR		A B C D E		FAX AUTH. # 2417005	
				CENSUS TRACT	

* A 01298375 *

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: October 11, 2004

Nancy L Bowen MD
NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0306
PG- 5760
067008 Page: 3 of 3 03/16/2006

