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OFFICIAL RECORD
Requested By:
ABRAMSON & THAETE LLP

RECORDING REQUESTED BY
JENNIFER THAETE, SBN 210523
ABRAMSON & THAETE, LLP
1840 Fourth Street, Suite 200
Livermore, CA 94550

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0406 PG- 5161 RPTT: 0.00

WHEN RECORDED MAIL TO

Ms. Judith Cloward
3908 Petrified Forest Court
Pleasanton, CA 94588

PTN of APN # 1319-30-618-001



AFFIDAVIT OF DEATH RE: JOINT TENANCY

Re: George Macfarlane Cloward, aka George
McFarlane Cloward, deceased,
Date of death: 11/17/02, SSN: [REDACTED] 8432

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

I, JUDITH ANN CLOWARD, being sworn say:

1. **Relationship:** I am 18 years of age or over, the wife of the decedent named above, and the surviving joint tenant of the property described below.

2. **Identity:** GEORGE MACFARLANE CLOWARD, deceased, the Decedent named above and in the attached certified Certificate of Death, is the same person as named as one of the parties in the deed described as follows:

Deed, granting to George McFarlane Cloward and Judith Ann Cloward, Husband and Wife, as Joint Tenants, and recorded in Book 784, Page 2024, Official Records of Douglas County, Nevada,

3. **Real Property:** The real property more particularly described as follows:

Real property situated in the County of Douglas, State of Nevada, described as follows:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. A, as shown and defined on said last mentioned map. Unit Type A.

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during one (1) "Use Period" within the Summer "Season", as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

APN: 1319-30-618-001 (portion)

4. **Survivor:** By recording this Affidavit on behalf of myself, JUDITH ANN CLOWARD, the surviving joint tenant named in the deed, I give notice of my right to survivorship.

5. **Estate Taxes:** There are no California Estate Taxes due, and no Federal Estate Taxes due or possible liens created by reason of this transfer of real property interest by death.

IN WITNESS, I sign this affidavit at Livermore, California as shown below.

Dated: April 11, 2006


JUDITH ANN CLOWARD

VERIFICATION

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

I am the affiant in the above-entitled action; I have read the foregoing Affidavit of Identity re Joint Tenancy and know the contents thereof; and I certify that the same is true of my own knowledge, except as to those matters which are therein stated upon my information and belief, and as to those matters I believe it to be true. I, JUDITH ANN CLOWARD, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED on April 11, 2006, at Livermore, California.


JUDITH ANN CLOWARD

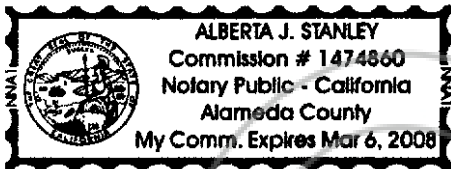
ACKNOWLEDGMENT

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

On April 11, 2006, before me, **Alberta J. Stanley**, a Notary Public, personally appeared **JUDITH ANN CLOWARD**, personally known to me or ~~proved to me on the basis of satisfactory evidence~~ to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Alberta J. Stanley
Notary Public



Attachment: Death Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

USE ONLY GOVT. CODE No. 6107

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST		2. MIDDLE		3. LAST (FAMILY)			
George		Macfarlane		Cloward			
4. DATE OF BIRTH—M/M/DD/CCYY		5. AGE—YEARS MONTHS DAYS		6. SEX		7. DATE OF DEATH—M/M/DD/CCYY	
02/22/1931		71		M		11/17/2002	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
UT		-8462		[X] YES [] NO [] UNK		Married	
13. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER			
White		[] YES [X] NO		Self-employed			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Owner/Teacher		Computer Education		19			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
3908 Petrified Forest Court							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Pleasanton		Alameda		94588		30	
25. STATE OR FOREIGN COUNTRY		26. YRS IN COUNTY					
CA		30					
28. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
Judith Cloward - wife				3908 Petrified Forest Court, Pleasanton, CA 94588			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
Judith		Ann		Folly			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Rae		Leland		Cloward		UT	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
Mable				Macfarland		UT	
39. DATE M/M/DD/CCYY							
11/21/2002							
40. PLACE OF FINAL DISPOSITION							
Double Springs Cemetery, Valley Springs, CA 95252							
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NO.			
CR/BU		Not Embalmed					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY	
Graham Hitch Mortuary		FD429		Wendy Cameron MD		11/21/2002	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
Kaiser Medical Center		[X] IP [] ER/OP [] DOA		[] CONV. [] RES. CARE [] OTHER		Contra Costa	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY					
1425 South Main St		Walnut Creek					
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)							
IMMEDIATE CAUSE (A)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER			
(A) Cardiopulmonary Arrest		min		[] YES [X] NO			
DUE TO (B)		years		109. SIGNS PERFORMED			
(B) Metastatic Colon Carcinoma				[] YES [X] NO			
DUE TO (C)				110. AUTOPSY PERFORMED			
(C)				[] YES [X] NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE			
(D)				[] YES [X] NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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.							
Subtotal Colectomy 05/21/2002, Sigmoid Colectomy 07/16/2001							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE SPOUSE WHOSE DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY	
08/10/2001 - 11/17/2002		Dr. Colthart MD		G035014		11/21/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. INQUIRY AT WORK		121. INQUIRY DATE M/M/DD/CCYY		122. HOUR	
John Vollmerhausen, MD 1425 South Main St., Walnut Creek, CA 94596		[] YES [] NO					
120. DESCRIBE HOW INQUIRY OCCURRED (EVENTS WHICH RESULTED IN INQUIRY)		123. PLACE OF INQUIRY		124. SIGNATURE OF CORONER OR DEPUTY CORONER			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		MAX ALTH #		CENSUS TRACT	
397755				8775PC			

BK- 0406
PG- 5164
0672776 Page: 4 OF 4 04/14/2006

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS DATE ISSUED **NOV 27 2002**

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.
Wendy Cameron MD
CONTRA COSTA COUNTY HEALTH OFFICER

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

