

OFFICIAL RECORD
Requested By:
MILLICENT V SKINNER

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0706 PG- 4565 RPTT: 0.00



When Recorded, Mail to:
MILLICENT V. SKINNER
727 COEUR D'ALENE AVE
VENICE CA 90291

APN: 1318-10-413-014

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

MILLICENT V. SKINNER hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am MILLICENT V. SKINNER, the person named as one of the grantees in that certain INDIVIDUAL GRANT Deed recorded as Instrument No. 401308 in Book 11-96, of the Official Records in the Office of the County Recorder of DOUGLAS County, Nevada.

3. The property which is the subject of the above-described deed is located in the county of DOUGLAS, state of Nevada, and is more particularly described as follows:

(Here set forth the legal description and, if known, the physical address)

ROBERT G SKINNER

4. _____ was one of the grantees named in said deed and is the identical person named as ROBERT BLANN SKINNER, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am ROBERT G. SKINNER'S WIFE's (describe family relationship, if any, of Affiant to deceased joint tenant).

5. As recited in the above-described Certificate of Death, _____ died on the 12 day of JANUARY, 2006, in _____ (City) Santa Monica, Calif County, _____ (state).

Millicent V. Skinner
(TYPE AFFIANT'S NAME HERE)
MILLICENT V. SKINNER

(JURAT)

STATE OF NEVADA
COUNTY OF DOUGLAS

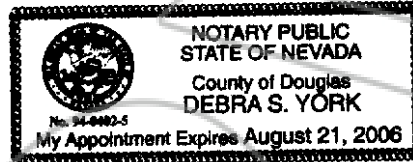
On this 13th day of July 2006 before me,
Debra S. York, the undersigned Notary Public, personally
appeared Millicent V. Skinner AND only

Personally known to me

Proved to me on the basis of satisfactory evidence
to be the person(s) whose names(s) is subscribed to the
within instrument, and acknowledged that she executed it.

WITNESS my hand and official seal.

Debra S York
Notary Public



J:\Masters\NotaryForm.doc

WHEN RECORDED MAIL TO:
ROBERT SKINNER
727 COEUR D'ALENE AVENUE
MARINA DEL REY, CA. 90292

Order No. F588885C-R
Escrow No.
R.P.T.T. #6
Based on full value
Based on full value
less liens

INDIVIDUAL GRANT DEED

THIS INDENTURE WITNESSETH:

That for a valuable consideration, receipt of which is hereby acknowledged
ROBERT G. SKINNER

(GRANTOR),
does hereby grant, bargain, sell, and convey to ROBERT G. SKINNER AND
MILLICENT V. SKINNER, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHTS OF
SURVIVORSHIP

(GRANTEE),
all that real property in the County of DOUGLAS, State of Nevada,
being Assessor's Parcel Number 05-142-01, specifically described as:

Lot 119, as shown on the Map of Zephyr Knolls Unit No. 4, filed in the
office of the County Recorder of Douglas County, State of Nevada, on
October 14, 1957, Document No. 12699, Official Records of Douglas County,
State of Nevada.

THIS DOCUMENT IS INTENDED AS AN ACCEPTANCE ONLY
and without liability for the consequences thereof, as to the validity or
sufficiency of said instrument, or for the effect of such recording on the title of
the property involved.

Together with all and singular the tenements, hereditaments and
appurtenances thereunto belonging or in anywise appertaining, and any
reversions, remainders, rents, issues or profits thereof.

Dated October 23, 1996

STATE OF NEVADA)
)SS.
County of DOUGLAS)

This instrument was acknowledged
before me on October 23, 1996
by Robert G. Skinner

Robert G. Skinner
ROBERT G. SKINNER

**CONFIRMED COPY
HAS NOT BEEN COMPARED
TO THE ORIGINAL**



MAIL TAX STATEMENT TO:
SAME AS ABOVE

Anne Phooch

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
ROBERT		SKINNER	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
GLENN		11/05/1921	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs	
		84	
9. BIRTH STATE/FOREIGN COUNTRY		12. MARITAL STATUS (at Time of Death)	
CA		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy	
-1712		01/12/2006	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hour)	
		0450	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
		ELECTRICAL ENGINEER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
CONSTRUCTION		25	
20. DECEDENT'S RESIDENCE (Street and number or location)			
727 COEUR D'ALENE AVE			
21. CITY			
MARINA DEL REY			
22. COUNTY/PROVINCE			
LOS ANGELES			
23. ZIP CODE			
90292			
24. YEARS IN COUNTY			
84			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP			
MILLICENT V SKINNER - WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
727 COEUR D'ALENE AVE MARINA DEL REY CA 90292			
28. NAME OF SURVIVING SPOUSE — FIRST		30. LAST (Maiden Name)	
MILLICENT		SORENSEN	
29. MIDDLE		31. NAME OF FATHER — FIRST	
VERONICA		MARION	
32. MIDDLE		33. LAST	
JAMES		SKINNER	
34. BIRTH STATE		36. BIRTH STATE	
MO		IA	
35. NAME OF MOTHER — FIRST		37. LAST (Maiden)	
ARMILDA		ARBOST	
38. DISPOSITION DATE mm/dd/yyyy			
01/23/2006			
40. PLACE OF FINAL DISPOSITION			
WOODLAWN CEMETERY 1847 14TH ST SANTA MONICA CA 90404			
41. TYPE OF DISPOSITION(S)			
CR/BU			
42. SIGNATURE OF EMERALD			
<i>Carlos Salazar</i>			
43. LICENSE NUMBER			
8704			
44. NAME OF FUNERAL ESTABLISHMENT			
GATES KINGSLEY GATES MOELLER MURPHY			
45. LICENSE NUMBER			
FD-451			
46. SIGNATURE OF LOCAL REGISTRAR			
<i>Barbara</i>			
47. DATE mm/dd/yyyy			
01/18/2006			
101. PLACE OF DEATH			
ST JOHN'S HEALTH CENTER			
102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
LOS ANGELES 1328 22ND ST SANTA MONICA			
103. CAUSE OF DEATH			
ACUTE MYELOGENOUS LEUKEMIA			
104. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)			
ACUTE MYELOGENOUS LEUKEMIA			
105. UNDERLYING CAUSE (B) (Disease or injury that initiated the events resulting in death) LAST			
EMPHYSEMA, MYELOBLASTIC			
106. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101			
LUNG BIOPSY 10/07/2005			
107. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101 OR 102? (If yes, list type of operation and date.)			
YES			
108. IF FEMALE, PREGNANT IN LAST YEAR?			
NO			
109. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
110. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
ALEX J MESSINA MD 2021 SANTA MONICA BLVD SANTA MONICA CA 90404			
111. LICENSE NUMBER			
A23984			
112. DATE mm/dd/yyyy			
01/13/2006			
113. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
114. INJURED AT WORK?			
NO			
115. INJURY DATE mm/dd/yyyy			
116. HOUR (24 Hour)			
117. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
118. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
119. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
120. SIGNATURE OF CORONER / DEPUTY CORONER			
121. DATE mm/dd/yyyy			
122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
123. STATE REGISTRAR			
A B C D E			
FAX AUTH. #			
CENSUS TRACT			

BK- 0706
PG- 4568
Page: 4 of 4 07/13/2006

H00142695

This is a true certified copy of the record in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Barbara 024 JAN 18 2006
DATE ISSUED

Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

