

APN: 1220-22-410-224

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0806 PG- 8520 RPTT: 0.00

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ Name Willian DeLaCruz
Street 627 Adaline Way
Address
City,State Gardnerville, NV 89460
Zip

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

William M. DeLaCruz, of legal age, being first duly sworn, deposes and says:

That ILuminada S. DeLaCruz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ILuminada S. DeLaCruz named as one of the parties in that certain Grant Deed dated 08/22/89 executed by Randall S. Harris, President, H & S Construction, Inc, a Nevada Corporation to William M. DeLaCruz and ILuminada S. DeLaCruz, husband and wife as joint tenants, recorded as instrument No. 209382, on 08/24/89, in Book 889, Page 3497, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 263, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 as Document No. 72456

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 \$ \$0.00.

Dated August 22, 2006

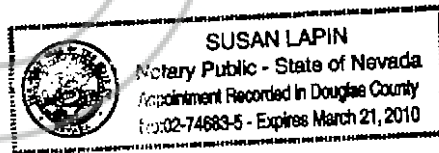
William M. DeLoach
Surviving Joint Tenant

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on Aug. 22, 2006
by William^M DeLoach

[Signature]
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

2006000594

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last	
	1. Illuminada S. DELACRUZ	
DECEDENT	DATE OF DEATH (Month, Day, Year)	
	2. March 5, 2006	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	COUNTY OF DEATH	
	3a. Washoe	
PARENTS	CITY, TOWN OR LOCATION OF DEATH	
	3b. Reno	
DISPOSITION	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
	3c. Washoe Medical Center	
CERTIFIER	If Hosp. or Inst. Indicate DOA, CP/Emar. Am. Inpatient (Specify)	
	3d. Inpatient	
CAUSE OF DEATH	SEX	
	4. Female	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	
	5. Filipino	
PARENTS	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
	6. No	
DISPOSITION	AGE—Last Birthday (Years)	
	7a. 66	
CERTIFIER	UNDER 1 YEAR MOS : DAYS	
	7b. :	
CAUSE OF DEATH	UNDER 1 DAY HOURS : MINS	
	7c. :	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DATE OF BIRTH (Mo., Day, Yr.)	
	8. March 5, 1939	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	
	9a. Philippines	
DISPOSITION	CITIZEN OF WHAT COUNTRY	
	9b. U.S.A.	
CERTIFIER	Decedent's Education. Specify highest grade completed.	
	10. 16	
CAUSE OF DEATH	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	11. Married	
PARENTS	SURVIVING SPOUSE (If wife, give maiden name)	
	12. William Delacruz	
DISPOSITION	SOCIAL SECURITY NUMBER	
	13. -3832	
CERTIFIER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	
	14a. Medical Technologist	
CAUSE OF DEATH	KIND OF BUSINESS OR INDUSTRY	
	14b. Hospital	
PARENTS	RESIDENCE—STATE	
	15a. Nevada	
DISPOSITION	COUNTY	
	15b. Douglas	
CERTIFIER	CITY, TOWN, OR LOCATION	
	15c. Gardnerville	
CAUSE OF DEATH	STREET AND NUMBER	
	16d. 627 Adeline Way	
PARENTS	INSIDE CITY LIMITS (Specify Yes or No)	
	15e. Yes	
DISPOSITION	FATHER—NAME First Middle Last	
	16. Jose Sambo	
CERTIFIER	MOTHER—MAIDEN NAME First Middle Last	
	17. Melecia Rosario	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)	
	18a. William Delacruz	
PARENTS	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18b. 627 Adeline Way, Gardnerville, Nevada 89460	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
	19a. Burial	
CERTIFIER	CEMETERY OR CREMATORY—NAME	
	19b. Eastside Memorial Cemetery	
CAUSE OF DEATH	LOCATION City or Town State	
	19c. Minden Nevada	
PARENTS	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
	20a. <i>[Signature]</i>	
DISPOSITION	FUNERAL DIRECTOR LICENSE NUMBER	
	20b. 09	
CERTIFIER	NAME AND ADDRESS OF FACILITY	
	20c. Walton's Chapel of the Valley, 1281 N. Rook St., Carson City, Nevada 89706	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)	
	21b. <i>[Signature]</i>	
PARENTS	DATE SIGNER (Mo., Day, Yr.)	
	21c. 3/8/06	
DISPOSITION	HOUR OF DEATH	
	21d. 1010	
CERTIFIER	NAME OR ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	21e. JAMES J. LYNCH MD, 75 PRINCIPLE WAY RENO NV 89501	
CAUSE OF DEATH	21f. 9804	
	21g. 9804	
PARENTS	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	
	21h. JAMES J. LYNCH MD, 75 PRINCIPLE WAY RENO NV 89501	
DISPOSITION	LICENSURE NUMBER	
	21i. 9804	
CERTIFIER	REGISTRAR	
	24a. <i>[Signature]</i>	
CAUSE OF DEATH	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24b. March 8, 2006	
PARENTS	DEATH DUE TO COMMUNICABLE DISEASE	
	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DISPOSITION	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	PART I (a) Brain Death	
CERTIFIER	DUE TO, OR AS A CONSEQUENCE OF	
	(b) Ruptured Cerebral Aneurysm	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF	
	(c) Left middle Cerebral Artery Infarction	
PARENTS	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	
	26. No	
DISPOSITION	AUTOPSY (Specify Yes or No)	
	27. No	
CERTIFIER	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	28. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	
	28a. :	
PARENTS	DATE OF INJURY (Mo., Day, Yr.)	
	28b. :	
DISPOSITION	HOUR OF INJURY	
	28c. M	
CERTIFIER	DESCRIBE HOW INJURY OCCURRED	
	28d. :	
CAUSE OF DEATH	NUMBER AT WORK (If 0)	
	28e. :	
PARENTS	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28f. :	
DISPOSITION	LOCATION	
	28g. :	
CERTIFIER	STREET OR R.F.D. No.	
	28h. :	
CAUSE OF DEATH	CITY OR TOWN	
	28i. :	
PARENTS	STATE	
	28j. :	



STATE REGISTRAR

No. 336122

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]*

Date: **MAR 14 2006**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK- 0806
 PG- 8522
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