

DOC # 0701150
05/14/2007 02:10 PM Deputy: CF

OFFICIAL RECORD

Requested By:

ROY H KAUFMANN

Assessor's Parcel Number: 1318-26-101-006 ptn

Recording Requested By:

✓ Name: Roy Kaufmann

Address: 1663 Glenroy Drive

City/State/Zip San Jose, CA 95124

Real Property Transfer Tax: \$

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 6 Fee: 19.00

BK-0507 PG- 5190 RPTT: 0.00



Affidavit of Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

**AFFIDAVIT OF DEATH OF JOINT TENANT
(Janet May Farrand, Deceased)**

STATE OF NEVADA

COUNTY OF DOUGLAS

Comes now, Roy Kaufmann, Affiant herein, being of lawful age and having been duly sworn upon his/her oath and does state:

That he was personally well acquainted with Janet May Farrand, formerly known as Janet F. Kaufmann, the Decedent herein, having known her for 35 years and further, that Affiant owned certain real property with the Decedent as Joint Tenants With Rights of Survivorship, said property being described further as:

See Exhibit A

That the above described property is also commonly known as:

Kingsbury Crossing
133 Deer Run Court
Stateline, NV 89449

Affiant states further that he obtained his interest in the above described property by Grant Bargain and Sale Deed from The Bank of California, N.A. and Douglas County Title Co., Inc., as Co-Trustees of the Kingsbury Crossing Trust, to Roy H. Kaufmann, said instrument being dated February 25, 1985 and recorded on February 28, 1985 in Book 285, at Page 2025 of the land records located in the Office of the Recorder, Clerk of Douglas County, State of Nevada.

Affiant states further that the Decedent departed this life at Southwest Washington Medical Center in Clark County, State of Washington, on or about September 12, 2005, being 63 years of age at the date of death.

These statements are true and correct and are based upon the personal knowledge of Affiant.

Further, Affiant sayeth not.

Sworn to and executed this, the 10th day of May, 2007,


Signature of Affiant

Roy H. Kaufmann

Printed Name of Affiant

1663 Glenroy Drive, San Jose, CA 95124

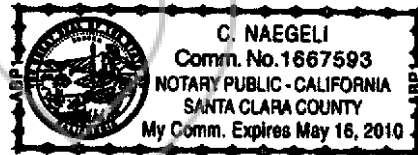
Address of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this the 10th day of
May, 2007.

C. Naegli
NOTARY PUBLIC

My Commission Expires:

5-16-10



SEAL



Inventory I.D. #2613

EXHIBIT A

The land situated in the State of Nevada, County of Douglas and described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

EXCEPTING FROM THE REAL PROPERTY the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" as hereinafter referred to.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use together with the right to grant said easements to others.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233, and amended by an instrument recorded April 20, 1983 in Book 483 at page 1021, as Document 78917 and again amended by an instrument recorded July 20, 1983 in Book 783, at page 1688 as Document No. 84425, and again amended by an instrument recorded October 14, 1983 in Book 1083 at page 2572 as Document No. 89535, Official Records of the County of Douglas, State of Nevada ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

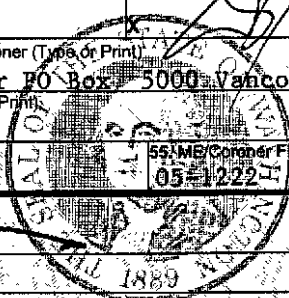
SUBJECT TO all covenants, conditions, restrictions, limitations, easements, rights and rights-of-way of record.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1101		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Janet May FARRAND				2. Death Date 9/12/2005		
3. Sex (M/F) FEMALE	4a. Age - Last Birthday 63	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Clark	
7. Birthdate 5/10/1942	8a. Birthplace (City, Town, or County) Los Angeles	8b. (State or Foreign Country) California		9. Decedent's Education Completed 4 years of college		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? NO	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 688 Cedar Street #6				13b. City or Town San Carlos		
13c. Residence: County San Mateo	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country California		13f. Zip Code + 4 94070	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 7+ years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Walter Thorne Farrand			20. Mother's Name Before First Marriage (First, Middle, Last) Dorothy Maybelle Griffin			
21. Informant's Name Nancy Shafton		22. Relationship to Decedent Sister		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1508 N.W. Sluman Road Vancouver, WA 98665		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location). Southwest Washington Medical Center				26a. City, Town, or Location of Death Vancouver	26b. State WA	27. Zip Code 98664
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Aloha Crematory		30. Location-City/Town, and State Aloha, Oregon		
31. Name and Complete Address of Funeral Facility Wherity Family Funerals & Cremations 8265 SW Seneca St, Tualatin, OR					32. Date of Disposition 9/14/2005	
33. Funeral Director Signature X 				33. Funeral Director Signature X 97062		
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Gunshot Wounds of the Head				Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. _____				Interval between Onset & Death
		c. _____				Interval between Onset & Death
		d. _____				Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY) 09-11-2005	42. Hour of Injury (24hrs) 1800	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Nursing Home		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street 11613 SE 7th Street				Apt No. #318		
City or Town: Vancouver			County: Clark	State: WA	Zip Code+ 4: 98683	
46. Describe how injury occurred Deceased shot self with handgun				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver Wa 98666				50. Hour of Death (24hrs) 0307		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 09-12-2005		
53. Title of Certifier Medical Examiner		54. License Number		55. ME/Coroner File Number 05-12227		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) SEP 15 2005		
59. Amendments						

BK- 0507
 PG- 5194
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BONNIE SORENSEN
Bonnie Sorensen
2501 Park Boulevard
Palo Alto, CA 94306

030-320-0277

(ENDORSED)
FILED

ATTORNEY FOR (Name): **Petitioner, Janet F. Kaufmann**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 170 Park Center Plaza

MAILING ADDRESS: 170 Park Center Plaza

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: APJ: Hon. Raymond Davilla, Jr.

93 OCT 26 AM 10:53

STEPHEN W. LOVE, DEO
SHERIFF, COUNTY OF CALIFORNIA
CLERK, SANTA CLARA
BY: _____ DEPUTY

MARRIAGE OF

PETITIONER: Janet F. Kaufmann

RESPONDENT: Roy H. Kaufmann

CASE NUMBER:

1-97-FL067202

JUDGMENT

- Dissolution Legal separation Nullity
 - Status only
 - Reserving jurisdiction over termination of marital status
- Date marital status ends: October 26, 1998

1. This proceeding was heard as follows: default or uncontested by declaration under Fam. Code, § 2336 contested
- a. Date: 10/26/98 Dept: 120 Rm.: _____
- b. Judge (name): Hon. Raymond Davilla, Jr. Temporary judge
- c. Petitioner present in court Attorney present in court (name): Bonnie Sorensen
- d. Respondent present in court Attorney present in court (name): Hugh T. Thomson
- e. Claimant present in court (name): _____ Attorney present in court (name): _____
2. The court acquired jurisdiction of the respondent on (date): 6/9/97
- Respondent was served with process Respondent appeared

3. THE COURT ORDERS, GOOD CAUSE APPEARING:

- a. Judgment of dissolution be entered. Marital status is terminated and the parties are restored to the status of unmarried persons
- (1) on the following date (specify): October 26, 1998
- (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation be entered.
- c. Judgment of nullity be entered. The parties are declared to be unmarried persons on the ground of (specify): _____
- d. Wife's former name be restored (specify): JANET MAY FARRAND
- e. This judgment shall be entered nunc pro tunc as of (date): _____
- f. Jurisdiction is reserved over all other issues and all present orders remain in effect except as provided below.
- g. Other (specify): See attached Additional Pages and Marital Settlement Agreement.

h. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

10/26/97

Raymond Davilla, Jr.

JUDGE OF THE SUPERIOR COURT

4. Number of additional pages attached: 16

Signature follows last attachment

NOTICE

Please review your will, insurance policies, retirement benefit plans, credit cards, other credit accounts and credit reports, and other matters you may want to change in view of the dissolution or annulment of your marriage, or your legal separation. A debt or obligation may be assigned to one party as part of the division of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment will automatically be issued if child support, family support, or spousal support is ordered.