

OFFICIAL RECORD

Requested By:

STEWART TITLE

A.P.N. # 1220-22-111-007
ESCROW NO. 070100619
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0507 PG- 9313 RPTT: 0.00



WHEN RECORDED MAIL TO:

Trini Liggett
1921 Cascades Ct.
Danard, CA 93032

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

Trini Liggett, of legal age, being first duly sworn, deposes and says: That John W. Liggett, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John W. Liggett named as one of the parties in that certain Deed dated April 1, 2002 executed by Kirt Hood and Irene M. Hood to John W. Liggett & Trini Liggett, husband and wife as joint tenants, recorded as Instrument No. 541009, on April 30, 2002 in Book 1402, Page 9551, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

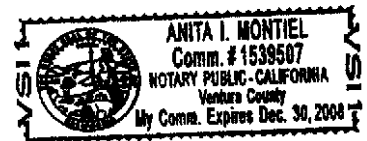
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATE: May 03, 2007

Trini Liggett
Trini Liggett

STATE OF California }
COUNTY OF Ventura } ss.

This instrument was acknowledged before me on May 20, 2007, by Trini Liggett



Signature Anita I. Montiel

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200609 000354

STATE FILE NUMBER		1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	3. LAST (Family)	
		John		W	Liggett	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs	6. UNDER ONE YEAR		7. UNDER 21 YEARS
		02/09/1939	67	Months	Days	Hours
8. BIRTH STATE/FOREIGN COUNTRY	9. SOCIAL SECURITY NUMBER	10. EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS (at time of Death)		12. DATE OF DEATH mm/dd/yyyy	13. HOUR (24 Hours)
CA	9842	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	Married		04/28/2006	2300
14. EDUCATION - Highest Level/Degree (Use worksheet on back)	14.16. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		14. DECEDENT'S RACE - Up to 3 Races may be listed (see worksheet on back)			
HS Graduate	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		White			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Equipment Contractor			Government		28	
20. DECEDENT'S RESIDENCE (Street and number or location)						
1411 Ashley Ct.						
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTRY	
Gardnerville		Douglas		89460	NV	
25. INFORMANT'S NAME, RELATIONSHIP			26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
Trini Liggett - Wife			1411 Ashley Ct., Gardnerville, NV 89460			
27. NAME OF SURVIVING SPOUSE - FIRST		28. MIDDLE	29. LAST (Maiden Name)			
Trini			Robledo			
30. NAME OF FATHER - FIRST		31. MIDDLE	32. LAST		33. BIRTH STATE	
John		Leroy	Liggett		MT	
34. NAME OF MOTHER - FIRST		35. MIDDLE	36. LAST (Maiden)		37. BIRTH STATE	
Louise		Mae	Steeb		NY	
38. DISPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DISPOSITION				
05/09/2006		Residence Trini Liggett 1411 Ashley Ct., Gardnerville, NV				
40. TYPE OF DISPOSITION		41. SIGNATURE OF EMBALMER			42. LICENSE NUMBER	
CR/TR		Not Embalmed				
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
Family Options Funeral Service		ED 1774				
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY		103. DEATH REPORTED TO CORONER?		
Barton Memorial Hospital		X Hospital		This Internal (Internal) <input type="checkbox"/> External (External) <input type="checkbox"/> Other <input type="checkbox"/>		
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY		
El Dorado		2170 South Ave.		South Lake Tahoe		
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		This Internal (Internal) <input type="checkbox"/> External (External) <input checked="" type="checkbox"/> Other <input type="checkbox"/>				
Cardio Respiratory Arrest		Min				
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?		
Metastatic Adenocarcinoma of Esophagus		2 Yrs		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN DETERMINING CAUSE?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Malnutrition						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		
Thoracoscopic Pleurodesis 04/22/2006						
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF PHYSICIAN		116. LICENSE NUMBER		117. DATE mm/dd/yyyy
Decedent Attested Since		Bruce C Daugherty MD		C40455		05/05/2006
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		Bruce C Daugherty MD 2158 Jean Ave. South Lake Tahoe, CA 96150				
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER				
		126. DATE mm/dd/yyyy				
		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT		

BK- 0507
PG- 9314
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

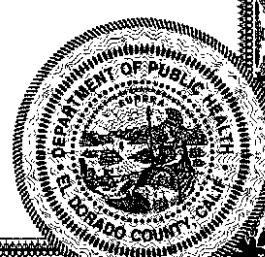
000096494

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 05/09/2006

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Sheldon R. Minkin, D.O.
SHELDON R. MINKIN, D.O.
COUNTY HEALTH OFFICER



**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 070100619

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

Lot 159, as shown on the Amended Map of GARDNERVILLE RANCHOS UNIT
NO. 5, filed for record on August 4, 1994 in the office of the
County Recorder of Douglas County, Nevada, as Document No.
343296.

Assessors Parcel No. 1220-22-111-007.

Amended Lots 4 thru 11 of Gardnerville Ranchos Unit No. 5, Map
No. 50056

