

OFFICIAL RECORD

Requested By:

LAW OFFICES OF W. LANCE

RUSSUM

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0807 PG- 8319 RPTT: 0.00



Recording requested by:
APN: 1318-10-312-032
W. LANCE RUSSUM, ESQ.

And when recorded mail to:

W. LANCE RUSSUM, ESQ.
LAW OFFICES OF W. LANCE RUSSUM
A Professional Corporation
2500 Santa Clara Avenue
Alameda, CA 94501
(510) 522-6900

AFFIDAVIT OF DEATH OF
LINDY H. KEELING

STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

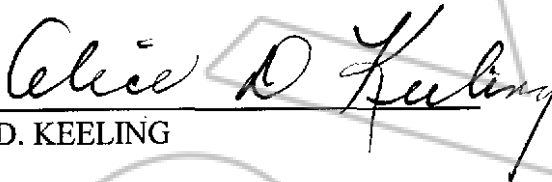
I, ALICE D. KEELING, an adult, being first duly sworn, deposes and says:

LINDY H. KEELING, the decedent named in the attached certified copy of the Death Certificate is the same person named as a Grantee in that certain Deed dated March 1965 from ERIC GREIMEISTER to LINDY H. KEELING and ALICE D. KEELING, husband and wife as Joint Tenants, and recorded on April 14, 1965, in the Official Records of the Douglas Records, Book 30, Page 537 County Recorder's Office, State of California, Recorder's Series No. #27699, transferring the improved real property situated in the County of Douglas, State of Nevada more particularly described as 728 Lakeview Drive, Zephyr Knolls, Zephyr Cove, Nevada, more particularly described as follows:

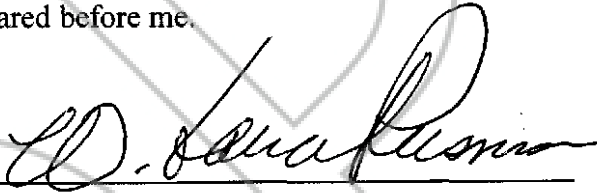
Lot 50, as shown on the Amended Plat of Zephyr Knolls Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1957, as Document No. 12415.

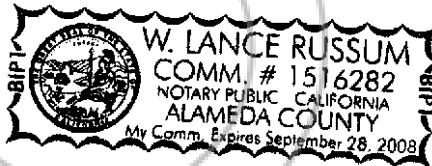
A.P. # 1318-10-312-032

As a result of the death of said Decedent, ALICE D. KEELING is the sole owner of said real property in all particulars including the power to sell, transfer, rent, mortgage or encumber.


ALICE D. KEELING

Subscribed and sworn to (or affirmed) before me on this ²³ day of July, 2007, by ALICE D. KEELING, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


NOTARY PUBLIC
In and for the County of Alameda
State of California



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH 3200601001516
STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITOUTS OR ALTERATIONS
VS. 11 (REV. 1/04) LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		NAME OF DECEDENT - FIRST (Given)		MIDDLE		LAST (Family)	
		LINDY		H.		KEELING	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs.		6 SEX	
HENRY LEONARD KEELING		05/21/1926		79		M	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS (at Time of Death)	
CALIFORNIA		[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13 EDUCATION - Highest Level Degree (see worksheet on back)		14-15 WAS DECEDENT HISPANIC/LATINO/IA/SPANISH? If yes, see worksheet on back.		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7 DATE OF DEATH mm/dd/yyyy	
10		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO		02/26/2006	
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		8 HOUR (24 Hours)	
BARTENDER		FOOD SERVICE		45		0245	
90 DECEDENT'S RESIDENCE (Street and number or location)							
3903 MISSION WAY							
21 CITY		22. COUNTY/PROVINCE		23 ZIP CODE		24 YEARS IN COUNTRY	
SAN LEANDRO		ALAMEDA		94578		70	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME, RELATIONSHIP					
CALIFORNIA		ALICE KEELING, WIFE					
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		3903 MISSION WAY, SAN LEANDRO, CA 94578					
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Maiden Name)			
ALICE		D.		MENDES			
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST			
GORDON		LEON		KEELING			
35 NAME OF MOTHER - FIRST		36 MIDDLE		37 LAST (Maiden)			
ANTOINETTE				MC CANE			
34 BIRTH STATE		38 BIRTH STATE					
MO		NV					
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION					
03/03/2006		RES.: ALICE KEELING - 3903 MISSION WAY, SAN LEANDRO, CA 94578					
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER			
CR/RES		NOT EMBALMED					
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy	
NEPTUNE SOCIETY OF NO. CA		FD 1397		[Signature]		03/03/2006	
101 PLACE OF DEATH		102 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		103 IF OTHER THAN HOSPITAL, SPECIFY ONE			
WASHINGTON HOSPITAL		2000 MOWRY AVE.		FREMONT			
104 COUNTY		105 CITY		106 DEATH REPORTED TO CORONER?			
ALAMEDA		FREMONT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER?		109 BOPSY PERFORMED?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CARDIOPULMONARY ARREST				1 HOUR			
HYPOTENSION, SHOCK				1 WEEK			
HEPATIC FAILURE				3 MOS.			
HEPATOCELLULAR CARCINOMA							
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
EMPHYSEMA, CORONARY ARTERY DISEASE							
113 WAS OPERATION PERFORMED FOR ANY CONDITION # ITEM 107 OR 112? If yes, list type of operation and date.							
COMMON BILE DUCT EXCISION - 03/27/2005							
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 CERTIFIER		116 LICENSE NUMBER		117 DATE mm/dd/yyyy	
[Signature]		KHALID BAIG, MD		A. 049356		03/01/2006	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
KHALID BAIG, MD 1860 MOWRY AVE. #400 FREMONT, CA 94538		<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120 INJURED AT WORK?		121 INJURY DATE mm/dd/yyyy		122 HOUR (24 Hours)			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125 LOCATION OF INJURY (Street and number or location, and city, and ZIP)							
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
[Signature]				[Signature]			

BK- 0807
PG- 8321
0708350 Page: 3 of 3 08/29/2007

STATE REGISTRAR: A B C D E FAX AUTH. # 000-913-139* 81348

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 03/07/2006

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

[Signature] m.d.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

