

16

APN-  
1418-34-301-001

TT-07039  
RECORDING REQUESTED BY:  
EDGAR S. ROBERTS

AND WHEN RECORDED MAIL TO:

✓ EDGAR S. ROBERTS  
85 LONESOME POLECAT LANE  
WASHOE VALLEY, NV 89704

DOC # 0709370  
09/18/2007 10:06 AM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
YVONNE ROBERTS

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0907 PG- 3621 RPTT: 0.00



**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF CALIFORNIA, }  
COUNTY OF LASSEN } SS.

EDGAR S. ROBERTS, OF LEGAL AGE, BEING FIRST DULY SWORN, DEPOSES AND SAYS:  
THAT WINIFRED SUSAN ROBERTS, THE DECEDENT MENTIONED IN THE ATTACHED  
CERTIFIED COPY OF CERTIFICATE OF DEATH, IS THE SAME PERSON AS WINIFRED S.  
ROBERTS, NAMED AS ONE OF THE PARTIES IN THAT CERTAIN GRANT DEED DATED JULY  
7, 1992, EXECUTED BY WINIFRED S. STADLMAN, TO WINIFRED S. ROBERTS AND EDGAR  
SEBASTIAN ROBERTS AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, RECORDED  
AS INSTRUMENT NUMBER 282857 ON JULY 7, 1992 IN BOOK 792, PAGE 889, OF OFFICIAL  
RECORDS OF <sup>Douglas</sup> LASSEN COUNTY, <sup>Nevada</sup> CALIFORNIA, COVERING THE FOLLOWING DESCRIBED  
PROPERTY SITUATED IN DOUGLAS COUNTY, STATE OF NEVADA:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

DATED 24 Aug 07 Edgar S. Roberts  
EDGAR S. ROBERTS

Subscribed and sworn to before me, C. GEFFRE, Notary Public, on this  
24<sup>th</sup> day of AUGUST, 2007 by EDGAR S. ROBERTS,  
~~personally known to me or~~ proved to me on the basis of satisfactory evidence to be the  
person who appeared before me.

[Signature]  
Notary Public

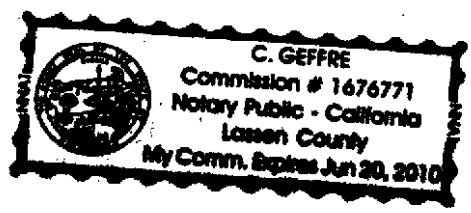


EXHIBIT "A"

BEGINNING AT THE NORTHEAST CORNER OF LOT 3 OF SECTION 34, T. 14 N. R. 18 E., M.D.B.&M.; THENCE SOUTH ALONG THE EAST LINE OF SAID LOT 3 OF SECTION 34, T. 14 N. R. 18 E., 104.15 FEET; THENCE WESTERLY AND PARALLEL WITH THE NORTH LINE OF SAID LOT 3 TO THE MEANDER LINE OF LAKE TAHOE; THENCE NORTHWESTERLY ALONG THE MEANDER LINE OF LAKE TAHOE TO ITS INTERSECTION OF THE NORTH LINE OF SAID LOT 3 OF SECTION 34; THENCE EASTERLY ALONG THE NORTH LINE OF SAID LOT 3 OF SECTION 34 TO THE POINT OF BEGINNING; SAID PREMISES BEING KNOWN AS LOT 1 OF LOT 3, SECTION 34, T. 14 N. R. 18 E., M.D.B.&M., OF THE "BEATTY TRACT", LAKE TAHOE ACCORDING TO THE UNOFFICIAL MAP WHICH HAS NEVER BEEN FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA.

/////// "Per NRS 111.312, this legal description was previously recorded at Document No. 282857, Book No. 792, Page No. 889, on July 7, 1992."

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2007002594**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REBUREAU ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

|   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|
| 1a. DECEASED-NAME FIRST<br>Winifred   |  |  | 1b. MIDDLE<br>Susan  |  |  | 1c. LAST<br>ROBERTS   |  |  | 2. DATE OF DEATH (Mo/Day/Year)<br>May 23, 2007   |  |  | 3a. COUNTY OF DEATH<br>Carson City  |  |  |  |  |  |   |  |  |  |  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br>Carson City   |  |  |  |  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not alther, give street and number)<br>Evergreen Mountain View Health & Rehab Ctr  |  |  |  |  |  | 3d. If Hosp. or Inst. Indicate DOA,OP, Emer. Rm. (Inpatient)(Specify)   |  |  | 4. SEX<br>Female                             |  |  |   |  |  |  |  |  |
| 5. RACE-(e.g., White, Black, American Indian) (Specify)<br>White  |  |  | 6. Was Decedent of Hispanic Origin? No<br>If yes, specify Mexican, Cuban, Puerto Rican, etc.<br>Non-hispanic |  |  | 7a. AGE-Last birthday (Years)<br>81   |  |  | 7b. UNDER 1 YEAR<br>MOS   DAYS   |  |  | 7c. UNDER 1 DAY<br>HOURS   MINS   |  |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br>May 19, 1926 |  |  |   |  |  |  |  |  |
| 9a. STATE OF BIRTH (if not U.S.A. name country)<br>California   |  |  | 9b. CITIZEN OF WHAT COUNTRY<br>United States   |  |  | 10. EDUCATION<br>16+  |  |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married                                       |  |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br>Edgar ROBERTS   |  |  |  |  |  |   |  |  |  |  |  |
| 13. SOCIAL SECURITY NUMBER<br>[REDACTED]  |  |  |  |  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br>School Teacher   |  |  |  |  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br>Public Schools   |  |  |  |  |  |   |  |  |  |  |  |
| 15a. RESIDENCE - STATE<br>Nevada  |  |  | 15b. COUNTY<br>Douglas   |  |  | 15c. CITY, TOWN OR LOCATION<br>Zephyr Cove  |  |  | 15d. STREET AND NUMBER<br>1200 Hwy 50  |  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br>Yes  |  |  |  |  |  |   |  |  |  |  |  |
| 16. FATHER - NAME (First Middle Last Suffix)<br>Harold THOMPSON   |  |  |  |  |  | 17. MOTHER - NAME (First Middle Last Suffix)<br>Loretta HUFFECKER   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 18a. INFORMANT- NAME (Type or Print)<br>Edgar ROBERTS   |  |  |  |  |  | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br>PO BOX 371 Zephyr Cove, Nevada 89448  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>Cremation   |  |  |  |  |  | 19b. CEMETERY OR CREMATORY - NAME<br>Masonic Memorial Gardens   |  |  |  |  |  | 19c. LOCATION City or Town State<br>Reno Nevada 89503   |  |  |  |  |  |   |  |  |  |  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br>JOHN LAWRENCE<br>SIGNATURE AUTHENTICATED  |  |  |  |  |  | 20b. FUNERAL DIRECTOR LICENSE<br>304R   |  |  | 20c. NAME AND ADDRESS OF FACILITY<br>Autumn Funerals & Cremations<br>1575 N Lomp Ln Carson City NV 89701 |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| TRADE CALL - NAME AND ADDRESS   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br>SIGNATURE AUTHENTICATED<br>LAURENCE GEORGE GAY M.D. |  |  |  |  |  | 21b. DATE SIGNED (Mo/Day/Yr)<br>May 23, 2007  |  |  |  |  |  | 21c. HOUR OF DEATH<br>04:05   |  |  |  |  |  |   |  |  |  |  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |  |  |  |  | 22a. 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) stated. (Signature & Title) |  |  |  |  |  | 22b. DATE SIGNED (Mo/Day/Yr)  |  |  |  |  |  | 22c. HOUR OF DEATH  |  |  |  |  |  |
| 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |  |  |  |  |  | 22e. PRONOUNCED DEAD AT (Hour)  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br>Laurence, George Gay, M.D. PO Box 19936 Reno, NV 89514 0871        |  |  |  |  |  |   |  |  |  |  |  | 23b. LICENSE NUMBER<br>5152   |  |  |  |  |  |   |  |  |  |  |  |
| 24a. REGISTRAR (Signature)<br>MIKE NEUMANN<br>SIGNATURE AUTHENTICATED   |  |  |  |  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br>May 24, 2007   |  |  |  |  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |  |  |  |   |  |  |  |  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  |  |  |  |  |   |  |  |  |  |  | Interval between onset and death  |  |  |  |  |  |   |  |  |  |  |  |
| PART I (a) Cardiac Arrest   |  |  |  |  |  |   |  |  |  |  |  | Seconds   |  |  |  |  |  |   |  |  |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  |  |  |   |  |  |  |  |  | Interval between onset and death  |  |  |  |  |  |   |  |  |  |  |  |
| (b) Dehydration   |  |  |  |  |  |   |  |  |  |  |  | Days  |  |  |  |  |  |   |  |  |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  |  |  |   |  |  |  |  |  | Interval between onset and death  |  |  |  |  |  |   |  |  |  |  |  |
| (c) Anorexia  |  |  |  |  |  |   |  |  |  |  |  | Days  |  |  |  |  |  |   |  |  |  |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.<br>Failure to Thrive, COPD                             |  |  |  |  |  |   |  |  |  |  |  | 26. AUTOPSY (Specify Yes or No)<br>No   |  |  |  |  |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br>Yes |  |  |  |  |  |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)   |  |  | 28b. DATE OF INJURY (Mo/Day/Yr)  |  |  | 28c. HOUR OF INJURY   |  |  | 28d. DESCRIBE HOW INJURY OCCURRED.   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 28e. INJURY AT-WORK (Specify Yes or No)   |  |  | 28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)                         |  |  | 28g. LOCATION   |  |  | STREET OR R.F.D. No.   |  |  | CITY OR TOWN  |  |  | STATE  |  |  |   |  |  |  |  |  |

STATE REGISTRAR

520125

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147859 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

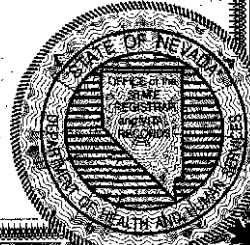
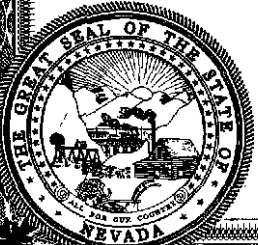
DATE ISSUED:

05/30/2007

PNCO (Rev 11/06)

STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless it is based on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE