## RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

✓ GEORGE H. JOHN, Esq.
175 North Redwood Drive, Suite 140
San Rafael, CA 94903

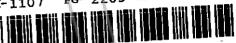
MAIL TAX STATEMENTS TO:

GLORIANN HOPKINS P.O. Box 1377 San Rafael, CA 94915

APN 07-062-49 1318-23-310-009 DOC # 0712737 .1/08/2007 10:29 AM Deputy: PK OFFICIAL RECORD Requested By: GEORGE H JOHN

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee RK-1107 PG-2209 RPTT: 16.00 0.00



The undersigned affiant declares that no Transfer Tax is due because the conveyance described below is a transfer without consideration from one joint tenant to the remaining joint tenant. NRS §375.090 (4)

## AFFIDAVIT OF DEATH OF JOINT TENANT

I, GLORIANN HOPKINS, being duly sworn, say:

I am over the age of 18 years.

RUSSELL D. HOPKINS, the decedent mentioned in the certified copy of Certificate of Death, which is attached hereto, is the same person as RUSSELL D. HOPKINS, named as one of the parties in the Corporation Grant Deed dated August 9, 1991, executed by MARIN COUNTY EXCHANGE CORPORATION to RUSSELL D. HOPKINS and GLORIANN HOPKINS, husband and wife, as joint tenants, such deed being recorded shortly thereafter, as instrument number 2595121, in Book 991, Page 294 in the Official Records, Douglas County, Nevada, covering the property commonly known as 49 Burke Creek Circle, Stateline, NV 89449, and more particularly described in Attachment A hereto.

Dated: **NOV. 6**, 2007

GLORIÁNN HOPKINS

**JURAT** 

Subscribed and sworn to before me, GEORGE H. JOHN, on NOWEMBEL S., 2007, by GLORIANN HOPKINS, personally known to me to be the person who appeared before me.

Notary Jublic

GEORGE H. JOHN
COMM. #1769241
NOTARY PUBLIC-CALIFORNIA
MARIN COUNTY
My Comm. Expires October 17, 2011

## **EXHIBIT A**

Lot 49, Block B, as shown on the official map of AMENDED LAKE VILLAGE UNIT NO. 1, recorded in the office of the County Recorder on June 29, 1970 in Book 1 of Maps, Document No. 48573 of Official Records, Douglas County, Nevada.



Page 2 of 2

BK- 1107 PG- 2210 0712737 Page: 2 Of 3 11/08/2007

## **COUNTY OF MARIN**

SAN RAFAEL, CALIFORNIA

	OTATE CILENA	<u>.</u> .	CERTIFICATE OF DEATH  STATE OF CULEDRIA  USE BLACK INK ONLY IN OF PASSES, WHITE OUTS OF ALTERATIONS				/ 32007210	F 19	
	STATE FILE TOUMBER  1. NAME OF DECEDENT — FIRST (Given)		Z. MIDOLE			1	T (Family)	. LOCA REGISTRA	ILOS NOMBER
DECEDENT'S PERSONAL DATA	RUSSELL AKA, ALSO KHOWN AS — Includ <sub>e fuel</sub> as	KA (FIRST, MIDDLE, LAST)	DOUGLA	45	4. DATE C	F BIRTH mm/dd/oc	PKINS	IF UNDER ONE YEAR	FUNDER 24 HOURS & BEX
	S. BIRTH STATE/FOREIGH COUNTRY	19, SOCIAL SECURITYN	sames Interes	R IN U.S. ARMED FI	1	9/1920 12 MARITAL STAT	86 US (# Tear(0=#)	7. DATE OF DEATH man	M A. HOUR (24 Hours)
	MI			NES HO	UNK	MARRIE	)	05/14/2007	1705
	SERVICE TON - House Level Degree 14/ (See exclusived to back)  BACHELOR	15. WAS DECEDENT HISPANK YES	ZLATINO(A)/SPANISH?	(il yes, see worksteed o		WHITE	ICE — Up to 3 races	may be listed (see workshar	it on back)
	17. USUAL OCCUPATION Type of world OFFICER	RETIRED	18. KIND OF BUSINESS OR HOUSTRY ( e.g., grocery store, road construction U.S. AIR FORCE				uction, employment agency, o	ec) TE YEARS IN OCCUPATION 21	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Speet and number or location)								
	77 CARNOUSTIE HE		22. ZIP CODE 24. YEARS IN COUNTY 25. STATE FOREIGN COUNTRY						
	NOVATO 26. INFORMANTS NAME, RELATIONESSE	MAI	RIN	- 4 7 PM 05	9494		51	CA	vn. stale. ZIP)
MANT	GLORIANN HOPKINS, WIFE 777 CARNOUSTIE HEIGHTS, NOVATO, CA 94949								
SPOUSE AND PARENT INFORMATION	SLAST PARSON Name)  SHORE  SHORE					.16	1		
	91. NAME OF FATHER — FIRST		32 MIDOLE/ UNK	777	142	HOPKIN	ıs 🦠		34. BIRTH STATE
	35. NAME OF MOTHER — FIRST	V - 15	SS. MICOLE	10,000	, E 45	37 LAST (Maide	Program		JS. BIRTH STATE
	39. DISPOSITION DATE manifolio-yy	40. PLACE OF FINAL DISPOS						- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MI
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	CR/RES NOT EMBALMED								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FUNERAL LOCAL R	45 LICENSE NUMBER 45 DIGINITURE OF LICENSE PARKET  KEATON'S REDWOOD CHAPEL  FD 1137  FRED S SCHWARTZ, MD  77. MTE IMPROVEDAY  05/16/2007								
ő,	PINE RIDGE CARE CENTER  102. F HOSPITAL, SPECIFY ONE  102. F HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  103. F OTHER THAN HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  104. F HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  105. F HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  106. F OTHER THAN HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  107. F HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  108. F OTHER THAN HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  109. F HOSPITAL, SPECIFY ONE  PINE RIDGE CARE CENTER  109. F HOSPITAL, SPECIFY ONE  109. F HOSPITAL, SPECIFY ON								
PINE RIDGE CARE CENTER  106 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)  45 PROFESSIONAL CENTER PARKWAY								106. CITY	AFAĖL
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	Sequentially Sul CHRON	VIC OBSTRUCT	IVE PULMO	NARY DIS	EASE	X	. 7	YRS	109. BIOPSY PERFORMED?  YES X NO
	leading to cause	DEMENTIA	الله الله الله الله الله الله الله الله	35.7	1	7-3 (km)		YRS	110, AUTOPSY PERFORMED? YES X HO
	CAUSE (discourse of injury that in injury that the events (D) resulting in death) LAST	art of the service of	and the same	Control of the contro	AND THE	- <del>1.1</del>	<u>~</u>	100 3° /	ITE USED IN DETERMINING CAUSE?
	112 OTHER SIGNIFICANT CONCITIONS CONTINUOTING TO DEATH BUT HOT RESULTING IN THE UNDERLYING CAUSE GAVENIN TO.								
	113, WAS OPERATION PERFORMED FO	R ANY CONDITION IN ITEM 10	7 OR 1127 (if yee, fee ty	pe of operation and o		arkional and		(13)	A, IF FEMALE, PREGNANT WEAST YEAR?
	100		The second secon	1,		The state	Same Same	116. LICENSE AUW	YES NO UNK
PHYSICIAN'S CERTIFICATION		955	IRENE TEPE	RMD	100	/i	Ę	A84912	05/16/2007
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	123. PLACE OF INJURY (e.g., horse, norse			estigation	Decination	<u> </u>	ينا لا	.نب	
	124, DESCRIBE HOW IMARY OCCURRED (Events which metalled in legary)								
ONER	125, LOCATION OF INJURY (Street and o	umber or invation and city and	29P)						
S									
	126. SIGNATURE OF CORONER / DEPU	TY CORONER "		127. DATE 1990	od/onyy	128. TYPE NAME	, TITLE OF CORON	ISTO DEPUTY CORONER	<u>, </u>
STAT REGIST	TE A B	C D	E			07000494331*		FAX AUTH. #	CENSUS TRACT
		<del>-                                      </del>	1	<del></del>	10120	W. MOUHS4331	·· ·		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA SS

DATED ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

HEALTH OFFICER MARIN COUNTY, CALIFORNIA

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



