

16-

1220-22-310-145

OFFICIAL RECORD
Requested By:
FISERV LENDING SOLUTIONS

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF NV
COUNTY OF DOUGLAS ss.

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-1107 PG- 5921 RPTT: 0.00



Order No.

BERTON R COMBOS being duly sworn states that he/she resides at 669 LONG VALLEY RD, GARDNERVILLE, NV 89460.

That he/she was acquainted with LUCILLE S. LOBLEY deceased who, at the time of his/her death, was one of the owners of the land in DOUGLAS County, NV, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died 07/30/2004 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of DOUGLAS County, NV.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of DOUGLAS County, NV about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiants make this affidavit for the purpose of inducing CITIBANK, F.S.B to extend a loan/line of credit to BERTON R COMBOS, secured by a mortgage/deed of trust executed by the said BERTON R COMBOS alone, covering the above-mentioned property.

(Outside of California)

Subscribed and sworn to before me by the said BERTON R COMBOS this 8 day of November, A.D. 2007.

Notary Public

BERTON R COMBOS
(Affiant's Signature) Date 11/18/07

(Within California)

STATE OF CALIFORNIA
COUNTY OF _____



Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by [living titleholder] _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal _____

Signature _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2004 0009923

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Lucille Schack LOBLEY		2. July 30, 2004		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Fin. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 669 Long Valley Rd.		3e. 6		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no; if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 63		8. January 30, 1941	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. New York		9b. U.S.A.		10. 18 Years		11. Married	
12. Berton Combos		13. [REDACTED]		14a. Registered Nurse		14b. Medical Industry	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 669 Long Valley	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Leo Schack		17. Mary Jarecki		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Berton Combos - Husband		18b. 669 Long Valley Rd. Gardnerville, NV 89460		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		20a. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 8-3-04		21c. 0350		22b. [REDACTED]		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
23a. Steven M. Brown M.D., 925 Ironwood Dr. #2105 Minden, NV 89423		23b. 7273		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. [Signature]		24b. August 4, 2004		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Small cell lung cancer		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. No		ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

TYPE PRINT IN PERMANENT INK
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DEATH CURRIED IN INSTITUTION HANDBOOK GARDING PLETION OF SENCE ITEMS
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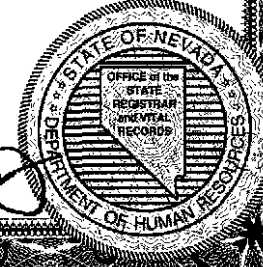
53272

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: MAR 14 2005

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



[Signature]
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Schedule A

THE FOLLOWING REAL PROPERTY SITUATE IN COUNTY OF DOUGLAS AND STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 738, AS SHOWN ON THE MAP OF GARDNER VILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

PARCEL ID: 1220-22-310-145

PROPERTY ADDRESS: 669 LONG VALLEY ROAD