



A.P.N. #
Interval #
Recording Requested by:
FIRST AMERICAN TITLE

When recorded mail to:
ES Financial Corporation
3200 Broadmoor Ave SE
Grand Rapids MI 49512

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss
COUNTY OF DOUGLAS)

Regina A. Ingram of legal age, being first duly sworn, deposes and says: That Kahja L. Taylor, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kahja L. Taylor named as one of the parties in that certain Grant Deed dated November 11, 2006 executed by Walley's Partners Limited Partnership, a Nevada limited partnership to (name) as joint tenants, recorded as instrument No. 0689409 on November 11, 2006 in Book 1106 Page 8574 of the official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof;

Date: 2/4/08

Regina A. Ingram

STATE OF California)
)ss
COUNTY OF Sacramento)

This instrument was acknowledged before me on _____, by

Notary Public

**PLEASE SEE ATTACHED
CALIFORNIA ACKNOWLEDGEMENT**

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Sacramento

On 2-4-08 before me, William E. Neal, Notary Public
(Here insert name and title of the officer)

personally appeared Regina A Ingram

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

William E Neal
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Att - Death of Joint Ten
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 2-4-08

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they - is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____



CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO
WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

320700006

STATE FILE NUMBER

1. NAME OF DECEDENT - FIRST (Given) KAHJA
2. MIDDLE LAUREE
3. LAST (Family Name) TAYLOR

4. DATE OF BIRTH mm/dd/yyyy 11/12/1972
5. LICENSE YEAR 35
6. LICENSE HOUR 2256
7. SEX F

8. BIRTH STATE/FOREIGN COUNTRY CA
9. SOCIAL SECURITY NUMBER 49-3-
10. MARITAL STATUS (at Time of Death) NEVER MARRIED
11. DATE OF DEATH mm/dd/yyyy 09/03/2007
12. HOUR (24 Hour) 2256

13. EDUCATION - Highest Level of Schooling Completed (see worksheet on back)
14. OCCUPATION - Type of work performed (see worksheet on back). DO NOT USE RETIRED
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN, AMERICAN
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DENTISTRY
17. YEARS IN OCCUPATION 1

18. DECEDENT'S RESIDENCE (street and number or location) 46 COTTAGE WAY, #4

19. CITY SACRAMENTO
20. COUNTY/PROVINCE SACRAMENTO
21. ZIP CODE 95825
22. YEAR IN COUNTY 10
23. WATER DESIGN COUNTY C

24. INFORMANT'S NAME, RELATIONSHIP JON TAYLOR, BROTHER
25. INFORMANT'S STREET ADDRESS (street and number or rural route, box, etc.) 292 HERALD AVENUE, SAN LEANDRO, CA 94577

26. NAME OF SURVIVING SPOUSE - FIRST
27. MIDDLE
28. LAST
29. BIRTH STATE
30. NAME OF FATHER - FIRST JOHN
31. MIDDLE J
32. LAST TAYLOR
33. BIRTH STATE LA
34. NAME OF MOTHER - FIRST DAWN
35. MIDDLE SHARON
36. LAST EVANS
37. BIRTH STATE CA

38. PLACE OF DEATH mm/dd/yyyy 09/11/2007
39. MODE OF FINAL DISPOSITION SKYVIEW MEMORIAL LAWN
40. ADDRESS OF FINAL DISPOSITION 200 ROLLINGWOOD DRIVE, VALLEJO, CA 94591

41. NAME OF REGISTRAR C/BU
42. SIGNATURE OF EMBALMER NOT EMBALMED
43. LICENSE NUMBER
44. NAME OF FUNERAL ESTABLISHMENT SKYVIEW MEMORIAL LAWN
45. LICENSE NUMBER FD1130
46. SIGNATURE OF LOCAL REGISTRAR BETTE G. HINTON, MD
47. DATE mm/dd/yyyy 09/10/2007

101. PLACE OF DEATH INSIDE VEHICLE
102. COUNTY YOLO
103. FACILITY ADDRESS OR LOCATION (street and number or rural route, box, etc.) RR AT CR 32A AND CR 105
104. CITY DAVIS
105. FACILITY ADDRESS OR LOCATION (street and number or rural route, box, etc.)
106. CITY DAVIS

107. CAUSE OF DEATH MULTIPLE BLOW INJURIES
108. DEATH REPORTED TO CORONER (AT) SECS
109. DEATH REPORTED TO CORONER (BY) 07-0541
110. BICOPY PERFORMED (BY) YES
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN (BY) YES
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (BY) YES
113. IF FEMALE, PREGNANT IN LAST YEAR (BY) YES

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED
115. SIGNATURE AND TITLE OF CORONER ROBERT A. LABRASH
116. LICENSE NUMBER
117. DATE mm/dd/yyyy

118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED
119. MANNER OF DEATH (Natural) (Accident) (Homicide) (Suicide) (Pending Investigation) (Could not be determined)
120. INJURED AT WORK? YES (X) NO
121. INJURY DATE mm/dd/yyyy 09/03/2007
122. HOUR (24 Hour) 2248

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT (DRIVER) OF VEHICLE VS. TRAIN COLLISION
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) RR AT CR 32A AND CR 105, DAVIS, CA 95625

126. SIGNATURE OF CORONER / DEPUTY CORONER ROBERT A. LABRASH
127. DATE mm/dd/yyyy 09/07/2007
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROBERT A. LABRASH, DEPUTY CORONER

STATE REGISTRAR A B C D E
FAX AUTH. #
CENSUS TRACT

INFORMATIONAL

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY HEALTH DEPARTMENT.

SEP 20 2007

Bette G. Hinton, MD
LOCAL REGISTRAR

the date, seal and signature of the County Health Officer.

