

RECORDING REQUESTED BY

Old Republic Title Company

ORDER # 2132004486-

APN 1318-23-215-020

WHEN RECORDED MAIL TO

Name Audrey Gail Harvey  
Street Address 10111 River Falls Circle  
City Stockton, CA 95209  
State  
Zip

DOC # 0724708  
06/09/2008 11:25 AM Deputy: DW

OFFICIAL RECORD

Requested By:

MARQUIS TITLE & ESCROW INC

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0608 PG-1944 RPTT: 0.00



### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF San Joaquin

Audrey Gail Harvey, of legal age, being first duly sworn, deposes and says:  
That Kenneth Gerald Laguna, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ken Laguna  
named as one of the parties in that certain Grant Deed dated November 27, 2005, executed by Ken Laguna to Ken Laguna and Audrey Gail Harvey as joint tenants,  
and recorded on August 18, 2006, in Book/Reel \_\_\_\_\_, at Page/Image \_\_\_\_\_, Series Number 0682615 of Official Records of Douglas County, NV, covering the following described property situated in said County,

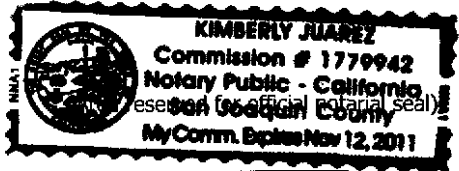
\*\*\* See "Exhibit A" attached hereto and made a part hereof \*\*\*

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \_\_\_\_\_.

Audrey Gail Harvey  
Audrey Gail Harvey

Subscribed and sworn to (or affirmed) before me on this 1<sup>st</sup> day of June, 2008, by \_\_\_\_\_  
Audrey Gail Harvey  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Kimberly Juarez  
Name Kimberly Juarez  
(typed or printed)

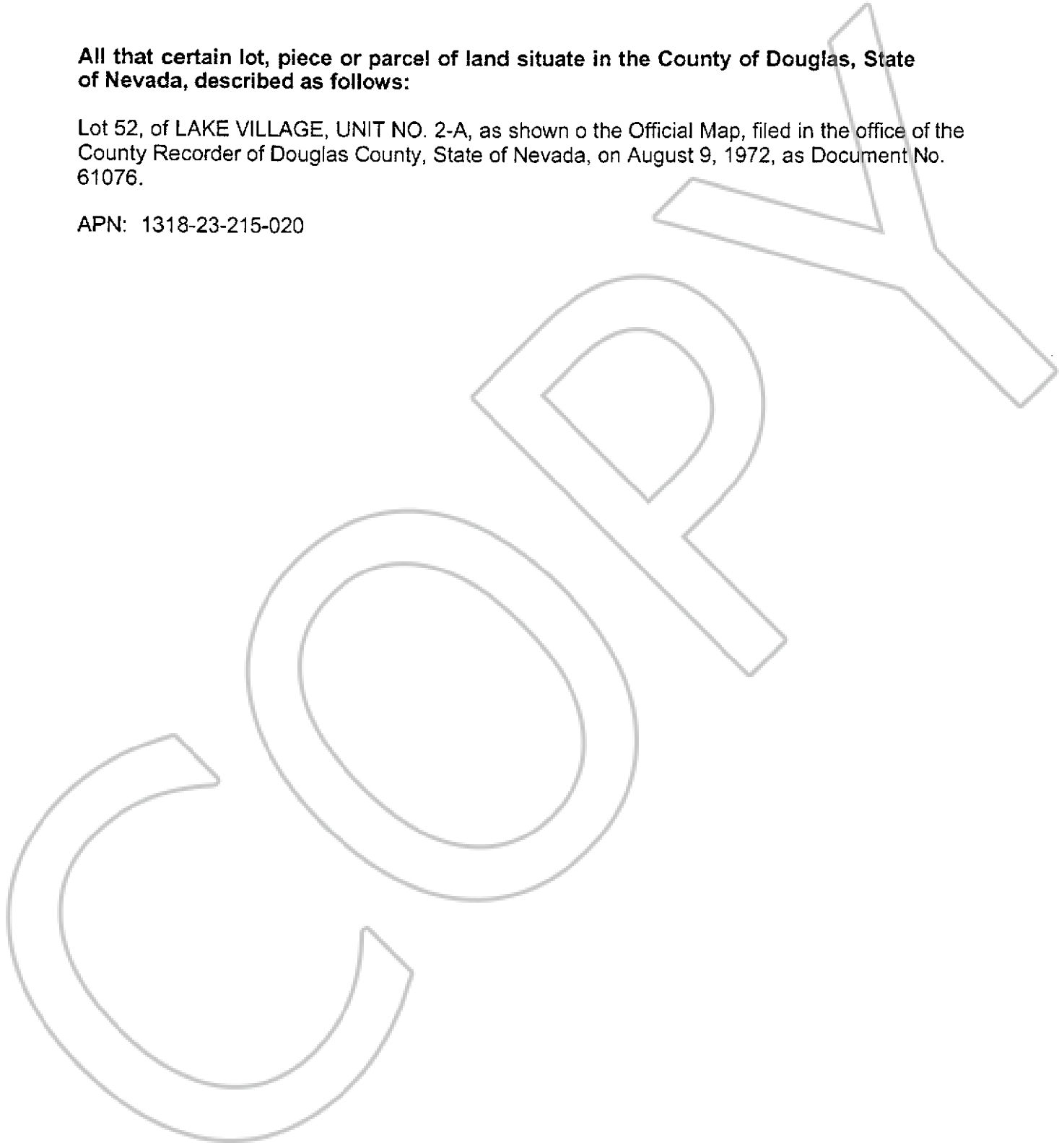


## EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 52, of LAKE VILLAGE, UNIT NO. 2-A, as shown on the Official Map, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 9, 1972, as Document No. 61076.

APN: 1318-23-215-020



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**HEALTH SERVICES AGENCY**  
**STANISLAUS COUNTY**  
 PUBLIC HEALTH DIVISION

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
Kenneth		Gerald	
3. LAST (Family)		Laguna	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
09/15/1937		68	
6. UNDER ONE YEAR		7. UNDER 24 HOURS	
Months		Days	
8. SEX		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
AZ		1203	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Divorced	
13. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
02/13/2006		1739	
13. EDUCATION - Highest Grade (See worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If No, see worksheet on back)	
HS Graduate		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. DECEDENT'S RACE - (Up to 3 races may be listed) (See worksheet on back)		Caucasian	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OR BUSINESS OF ESTABLISHMENT (e.g. Grocery store, hotel, administration, employment agency, etc.)	
Guest Service Specialist		Restaurant	
19. YEARS IN OCCUPATION		35	
20. DECEDENT'S RESIDENCE (Street and number or location)			
2905 Sheffield Lane			
21. CITY		22. COUNTY/PROVINCE	
Modesto		Stanislaus	
23. ZIP CODE		24. YEARS IN COUNTY	
95350		11	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
Dan Laguna Brother			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, city, state, and ZIP)			
2095 Cimarron Drive Morgan Hill, CA 95037			
28. NAME OF SURVIVING SPOUSE - FIRST		29. LAST ( maiden name)	
31. NAME OF FATHER - FIRST		32. MIDDLE	
Louis		L	
33. LAST		34. BIRTH STATE	
Laguna		AZ	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
Cloe		B	
37. LAST ( maiden)		38. BIRTH STATE	
Dollarhide		CA	
39. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
02/24/2006		RES: Dan Laguna 2095 Cimarron Drive Morgan Hill, CA 95037	
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER	
CR/RES		Not Embalmed	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Salas Brothers Chapel, Modesto		FD 782	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
[Signature]		02/24/2006	
101. PLACE OF DEATH			
Residence			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Stanislaus		2905 Sheffield Lane	
106. CITY		107. CAUSE OF DEATH	
Modesto		Enter the chain of events - changes, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest without showing the etiology. DO NOT ABBREVIATE.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		MIN	
Cardiopulmonary Arrest		552	
108. UNDERLYING CAUSE (Change of injury that initiated the events resulting in death) LIST		109. BIOPSY PERFORMED?	
Arteriosclerotic Heart Disease		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
Hypertension			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, REGIMENT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. IDENTIFY THAT TO THE BEST OF YOUR KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		116. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Resided Here		[Signature]	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER	
Marie Montfort MD 3800 Dale Road Modesto, CA 95356		A 76149	
119. DATE mm/dd/yyyy		119. DATE mm/dd/yyyy	
02/02/2004		08/01/2005	
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
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	
[Signature]		[Date]	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH. #	
[Name/Title]		[FAX AUTH. #]	
STATE REGISTRAR		CENSUS TRACT	
A B C D E		[CENSUS TRACT]	

BK- 0608  
 PG- 1946  
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This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

*John Walker*  
 JOHN WALKER, M.D.  
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED  
 02 / 27 / 2006

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

