

✓ Maupin, Cox & Legoy
Attorneys At Law
4785 Caughlin Parkway
P.O Box 30000
Reno, NV 89520

APN: 21-383-08
1420-08-213-005

Recording Requested By:

✓ Abelardo Robles, Trustee
The Abelardo Robles Family Trust
990 Rolling Ridge Court
Carson City, NV 89705

Mail Tax Statements to:

Abelardo Robles, Trustee
The Abelardo Robles Family Trust
990 Rolling Ridge Court
Carson City, NV 89705

I, the undersigned, hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: The Certificate of Death contains the social security number of Decedent and cannot be altered.

Michaella D Rafferty

Michaella D. Rafferty, Esq. Attorney

DOC # 0726514
07/11/2008 09:09 AM Deputy: PK
OFFICIAL RECORD
Requested By:
MAUPIN COX ETAL

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0708 PG- 1647 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

APN: 21-383-08

After recording, return Affidavit and
mail future property tax statements to:

Abelardo Robles
990 Rolling Ridge Court
Carson City, NV 89705

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Abelardo Robles, as Executor for the Estate of Linda L. Robles, declares the following under penalties of perjury:

1. Abelardo Robles is the surviving spouse and surviving joint tenant of Linda L. Robles, deceased.

2. Abelardo Robles and his wife, Linda L. Robles, acquired an interest in legal title as joint tenants with right of survivorship to the property described in paragraph 3. below by a Corporation Grant Deed dated September 2, 1994, recorded September 6, 1994, as Document No. 345538, in Official Records of Douglas County, Nevada.

3. The real property conveyed by the Corporation Grant Deed described in paragraph 2. above is located in Douglas County, Nevada, and is more particularly described as follows:

//////

Lot 24, in Block C, as set forth on the final map of SUNRIDGE HEIGHTS II, PHASE 2, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 3, 1994, in Book 394, Page 568, as Document No. 331447.

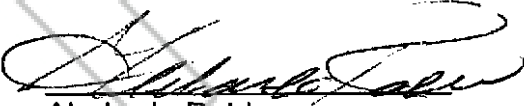
APN: 21-383-08

Address: 990 Rolling Ridge Court
Carson City, NV 89705

4. Linda Lee Robles died in Carson City, County of Washoe, on December 3, 2005. A certified copy of the death certificate of Linda L. Robles is attached to this Affidavit.


5. Abelardo Robles as the surviving joint tenant of the above-referenced property is entitled to legal title to the property.

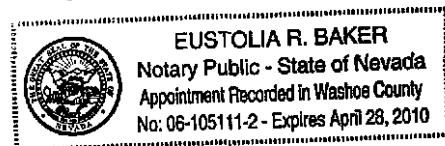
Dated this 16th day of November, 2007.


Abelardo Robles

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

This Affidavit of Surviving Joint Tenant was acknowledged before me on November 16, 2007, by Abelardo Robles.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

20050017939

| | | | |
|---|--|--|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | |
| 1. Linda Lee ROBLES | | 2. December 3, 2005 | |
| CITY, TOWN OR LOCATION OF DEATH | | COUNTY OF DEATH | |
| 3b. Carson City | | 3a. Carson City | |
| HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | If Hosp. or Inst. indicate DOA, OP/Emet. Rm. Inpatient (Specify) | |
| 3c. Carson Tahoe Hospital | | 3e. Inpatient | |
| SEX | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 4. Female | | November 15, 1954 | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | AGE—Last Birthday (Years) | |
| 5. White | | 7a. 51 | |
| Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | | UNDER 1 YEAR MOS : DAYS | |
| 6. | | 7b. : | |
| STATE OF BIRTH (If not U.S.A., name country) | | UNDER 1 DAY HOURS : MINS | |
| 8a. California | | 7c. : | |
| CITIZEN OF WHAT COUNTRY | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 9b. U.S.A. | | 12. Al Robles | |
| Decedent's Education. Specify highest grade completed: | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 10. 12 | | 11. Married | |
| SOCIAL SECURITY NUMBER | | KIND OF BUSINESS OR INDUSTRY | |
| 13. [REDACTED] 3171 | | 14b. Aerospace Industry | |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) | | 14a. Logistics Planner | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15c. Carson City | |
| COUNTY | | STREET AND NUMBER | |
| 15b. Douglas | | 15d. 990 Rolling Ridge | |
| INSIDE CITY LIMITS (Specify Yes or No) | | 15e. No | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| 16. Dorn Hintz | | 17. Ruth Connor | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Gary Mohr | | 18b. 4435 Woodthrush Drive, Eldorado Hills, CA 95762 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | |
| 19a. Cremation | | 19b. Walton's Sierra Crematory | |
| LOCATION City or Town State | | 19c. Carson City Nevada | |
| FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | |
| 20a. [Signature] | | 20b. 09 | |
| NAME AND ADDRESS OF FACILITY | | 20c. 1281 N. Roop St, Carson City, Nevada 89706 | |
| 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. | |
| (Signature and Title) | | (Signature and Title) | |
| DATE SIGNED (Mo., Day, Yr.) | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 12/5/05 | | 22b. [Signature] | |
| HOUR OF DEATH | | HOUR OF DEATH | |
| 21c. 07:10 | | 22c. [Signature] | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. Ned Jaceel, DO | | 22d. ON 7 | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Jose Aguirre, MD 775 Fleischmann Way, C.C., NV, 89702 | | 23b. 11479 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | |
| 24a. [Signature] | | 24b. December 5, 2005 | |
| DEATH DUE TO COMMUNICABLE DISEASE | | 24c. 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 | |
| (a) Sepsis | | : | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) Severe Pancreatitis | | : | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (c) Severe Hypertension | | : | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | AUTOPSY (Specify Yes or No) | |
| PART 1 | | 26. No | |
| WAS CASE REFERRED TO CORONER (Specify Yes or No) | | 27. Yes | |
| ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | |
| 28a. | | 28b. | |
| HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28c. | | 28d. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | |
| 28e. | | 28f. | |
| LOCATION. | | STREET OR R.F.D. No. | |
| 28g. | | CITY OR TOWN | |
| | | STATE | |

STATE REGISTRAR

No. 325655

191288

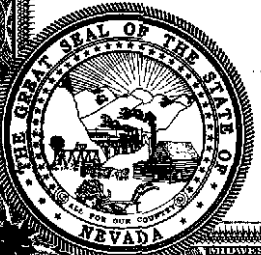
CERTIFIED COPY OF VITAL RECORDS

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:

FEB 05 2008

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



BK- 0708
PG- 1650
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