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CORPORATION GRANT DEED

BY THIS INSTRUMENT, dated October 30, 1963, for a valuable consideration, LAKE DEVELOPMENT COMPANY, a corporation organized under the laws of the State of California, hereby grants to HAROLD TAAFFE and VERONICA TAAFFE, 19045 Schoolcraft Street, Reseda, California, the following described real property in the State of Nevada, County of Douglas:

WEST 1/4
NE 1/4, NW 1/4, SE 1/4
Section 4, T. 10 N., R. 21 E.
Mount Diablo Meridian, Nevada

SUBJECT to covenants, conditions, restrictions, reservations, rights of way, easements, and deed restrictions of record, if any. Sixty foot road access and utility easement established across this land for benefit of all neighbors.

LAKE DEVELOPMENT COMPANY

Frank W. Lewis
Frank W. Lewis
President

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss:

On October 30, 1963 before me, the undersigned, a Notary Public in and for said County and State, personally appeared FRANK W. LEWIS, known to me to be the President of the corporation that executed the within instrument, known to me to be the person who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its Board of Directors.

WITNESS my hand and Official Seal.



26072

Sharon F. Lewis
Notary Public Commissioned
for said County and State

26072

Recorded at Request of *Harold Taaffe*
SEP 8 1964 AL 28 Min, Past
Official Records of Douglas County
Michael N. Schacht, Recorder. By *Sharon F. Lewis*

SHARON F. LEWIS
COMMISSION EXPIRES OCT 12 1964

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BK- 0908
PG- 939

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199937 017042

STATE FILE NUMBER 0365		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEDOUTS OR ALTERATIONS VB-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Veronica		2. MIDDLE -		3. LAST (FAMILY) Taaffe			
4. DATE OF BIRTH M/M/D/D/C/CYY 11/04/1915		5. AGE YRS. 84		6. SEX F		7. DATE OF DEATH M/M/D/D/C/CYY B. HOUR 11/17/1999 0145	
9. STATE OF BIRTH Jamaica		10. SOCIAL SECURITY NO. 2651		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed	
13. EDUCATION—YEARS COMPLETED 12		14. RACE Jamaican		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-Employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 30			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 933 Hardell Ln.							
21. CITY Vista		22. COUNTY San Diego		23. ZIP CODE 92084		24. YRS IN COUNTY 28	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Gerrie Krewer—Daughter					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 933 Hardell Ln., Vista, CA 92084							
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Ernest		32. MIDDLE -		33. LAST Murray		34. BIRTH STATE Jamaica	
35. NAME OF MOTHER—FIRST Jesse		36. MIDDLE Maude		37. LAST (MAIDEN) Anderson		38. BIRTH STATE Jamaica	
39. DATE M/M/D/D/C/CYY 40. PLACE OF FINAL DISPOSITION 11/22/1999 Fallbrook Masonic Cemetery: 1177 Santa Margarita Dr., Fallbrook, Ca. 92028							
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Berry-Bell & Hall Fallbrook Mortuary, Inc.		45. LICENSE NO. FD-828		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/D/D/C/CYY VJ 11/19/1999	
101. PLACE OF DEATH Tri-City Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> WOSE. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY San Diego	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4002 Vista Way.		106. CITY Oceanside					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER			
IMMEDIATE CAUSE (A) Myocardial Infarction		24 hrs		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B) Atherosclerotic Heart Disease		Years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes, Cerebrovascular Disease, Hypertension							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: No							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/D/C/CYY 08/08/1997 07/06/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G077358		117. DATE M/M/D/D/C/CYY 11/19/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Russell R. Zane, M.D.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 130 Cedar Rd., #220, Vista, Ca. 92083					
120. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/CYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/D/C/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 9917407		CENSUS TRACY	

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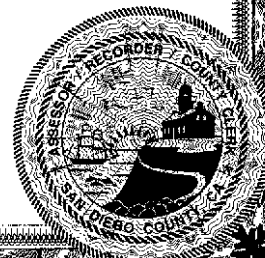
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0729409 Page: 3 Of 4 09/05/2008

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

[Signature]

May 15, 2008 Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



CERTIFICATE OF DEATH

3 199737 003364

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 11/95)

1. NAME OF DECEDENT--FIRST (GIVEN) HAROLD		2. MIDDLE N.		3. LAST (FAMILY) TAAFFE	
4. DATE OF BIRTH M M / D D / C C Y Y 11/15/1912		5. AGE YRS. 84		6. SEX M	
7. DATE OF DEATH M M / D D / C C Y Y 02/17/1997		8. HOUR 1100			
9. STATE OF BIRTH WI		10. SOCIAL SECURITY NO. 8796		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS MARRIED		13. EDUCATION--YEARS COMPLETE UNKNOWN			
14. RACE CAUCASIAN		15. HISPANIC--SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF-EMPLOYED	
17. OCCUPATION FURNITURE REFINISHER		18. KIND OF BUSINESS FURNITURE REFINISHING		19. YEARS IN OCCUPATION 30	
20. RESIDENCE--STREET AND NUMBER OR LOCATION 748 PONICA WAY					
21. CITY FALLBROOK		22. COUNTY SAN DIEGO		23. ZIP CODE 92028	
24. YRS IN COUNTY 26		25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP LOLA HERNANDEZ - CURATOR			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037		
28. NAME OF SURVIVING SPOUSE--FIRST ESSIE		29. MIDDLE VERONICA		30. LAST (MAIDEN NAME) MURRAY	
31. NAME OF FATHER--FIRST ARTHUR		32. MIDDLE GEORGE		33. LAST TAAFFE	
34. BIRTH STAT WI		35. NAME OF MOTHER--FIRST GERALDINE		36. MIDDLE -	
37. LAST (MAIDEN) MORAIS		38. BIRTH STAT WI			
39. DATE M M / D D / C C Y Y 02/25/1997		40. PLACE OF FINAL DISPOSITION UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037			
41. TYPE OF DISPOSITION(S) SU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR LOLA HERNANDEZ - CURATOR		45. LICENSE NO. -		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M M / D D / C C Y Y 02/25/1997					
101. PLACE OF DEATH POMERADO HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY SAN DIEGO					
105. STREET ADDRESS--STREET AND NUMBER OR LOCATION 15615 POMERADO ROAD				106. CITY POWAY	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST				MINS	
DUE TO (B) CHRONIC OBSTRUCTIVE LUNG DISEASE				YEARS	
DUE TO (C)					
DUE TO (D)					
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 HYPERTENSION, DIABETES					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M M / D D / C C Y Y 01/05/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> FRANK BENDER, MD		116. LICENSE NO. G33933	
117. DATE M M / D D / C C Y Y 02/25/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 488 E. VALLEY PKWY. ESCONDIDO, CA 92025			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y	
122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 0729409 Page: 4 Of 4 09/05/2008					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M M / D D / C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
A		B		C	
D		E		F	
G		H		FAX AUTH. # 9703142	
A D A MORTUARY SRVC.		CENSUS TRACT			

REGISTRAR OF VITAL RECORDS

DATE ISSUED: March 14, 1997

REQUIRED FEE PAID

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRAWS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.



BK- 0908
PG- 941