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A.P.N. 1220-10-811-028

Douglas County - NV
Karen Ellison - Recorder

RECORDING REQUESTED BY:

Page: 1 Of 3 Fee: 16.00
BK-0908 PG- 5266 RPTT: 0.00

AND WHEN RECORDED, MAIL TO:



Susan Loyd

✓ 2405 Allendale Pl.

El Dorado Hills, CA 95762

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

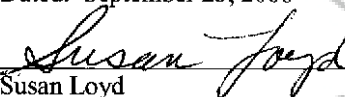
Susan Loyd, of legal age, being duly sworn, deposes and says

That Melinda Ruth Rumph, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Melinda Ruth Rumph named as one of the parties in that certain Grant Deed dated June 1, 2004, executed by Delores Elaine Jordan to Delores Elaine Jordan, an unmarried person, Melinda Ruth Rumph, a married person and Terry Clark Rumph, a married person as joint tenants, recorded as Instrument No. 0614831, on June 1, 2004, in Book 0604, Page 446, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 62 as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, as File No. 28310 and amended on June 4, 1965, as File No. 28378.

Said premises further imposed on that certain Record of Survey recorded December 30, 1997, in Book 1297, Page 5486, as Document No. 429414

Dated: September 25, 2008


Susan Loyd

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3200838003886

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given) MELINDA		2. MIDDLE RUTH		3. LAST (Family) RUMPH	
	4. DATE OF BIRTH mm/dd/yyyy 11/15/1956			5. AGE Yrs 51		6. SEX F
	9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2914		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	13. EDUCATION — Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" 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 ACCOUNTANT			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		19. YEARS IN OCCUPATION 40	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) 1675 BUCKEYE RD.					
	21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89423	
	24. YEARS IN COUNTY 8		25. STATE/FOREIGN COUNTRY NV			
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP TERRY RUMPH, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1675 BUCKEYE RD., MINDEN, NV 89423		
	28. NAME OF SURVIVING SPOUSE — FIRST: TERRY		29. MIDDLE CLARK		30. LAST (Maiden Name) RUMPH	
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER — FIRST ROBERT		32. MIDDLE LESLIE		33. LAST JORDAN	
	34. BIRTH STATE CA		35. NAME OF MOTHER — FIRST DELORES		36. MIDDLE ELAINE	
	37. LAST (Maiden) DANIELS		38. BIRTH STATE NE			
FUNERAL DIRECTORY/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 08/25/2008		40. PLACE OF FINAL DISPOSITION RES TERRY C. RUMPH 1675 BUCKEYE RD., MINDEN, NV			
	41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT EVERGREEN MEMORIAL		45. LICENSE NUMBER FD 1740	46. SIGNATURE OF LOCAL REGISTRAR MITCHELL KATZ, MD		
PLACE OF DEATH	101. PLACE OF DEATH UCSF MEDICAL CENTER			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 350 PARNASSUS		106. CITY SAN FRANCISCO	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) DAYS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OFFICIAL NUMBER NC 2008-1791		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEPSIS			(B) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury) that initiated the events resulting in death) LAST (B) PERFORATED BOWEL			(C) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(C) ABDOMINAL MASS			(D) DAYS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	(D) NONE			110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NONE			111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) EXPLORATORY LAPAROTOMY, BOWEL RESECTION 8/11/08			115A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
PHYSICIAN'S CERTIFICATION	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: _____ Decedent Last Seen Alive: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER HOBART W HARRIS M.D.		116. LICENSE NUMBER G57599	
	117. DATE mm/dd/yyyy 08/10/2008 08/13/2008		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HOBART W HARRIS M.D. BOX 0104 513 PARNASSUS AVE S-301, SAN FRANCISCO, CA 94143			
CORONERS USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input 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		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

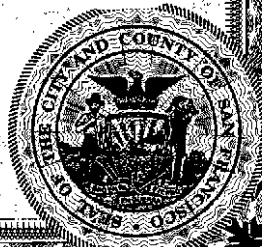
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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued **08/29 AM 11:30**

* 002672084 *

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar



DATE ISSUED
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.