

APN: 1320-33-715-027
ORDER NO.: DO-1081152-LS

DOC # 735323
01/05/2009 12:23PM Deputy: GB
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-109 PG-291 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of a Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read "Tamara Waller".

Print Name/Title: Tamara Waller

WHEN RECORDED MAIL TO:

William Lepore, Jr.
1342 Brooke Way
Gardnerville, NV 89410-5885

A.P.N. 1320-33-715-027
Escrow No.: DO-1081152-LS
1081152

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

William Lepore, Jr.

1342 Brooke Way

Gardnerville, NV 89410-5885

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

William Lepore, Jr., of legal age, being duly sworn, deposes and says that **Martha Christine Lepore**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **M. Christine Lepore** named as one of the parties in that certain **Corporation Grant, Bargain, Sale Deed** dated **October 10, 2001**, executed by **Syncon Homes, a Nevada Corporation** to **William Lepore, Jr. and M. Christine Lepore** as joint tenants, recorded as Instrument No. **526222**, on **October 25, 2001**, in Book **1001**, Page **8577**, of Official Records of **Douglas County, Nevada**, covering the following described property situated in the County of **Douglas**, State of Nevada.

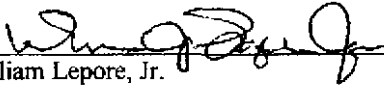
Lot 35, Block H, as set forth on **Final Subdivision Map No. 1006-7** for **Chichester Estates Phase 7**, filed in the Office of the County Recorder of **Douglas County, State of Nevada** on **October 13, 2000**, in Book **1000**, Page **2398**, as Document No. **501336**.

LB



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Dated: December 23, 2008


William Lepore, Jr.

Type or print names under signatures


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 NEVADA)

SS.

COUNTY OF Carson City)

On 12-30-08 before me, the undersigned, a Notary Public in and for said State and County, personally appeared William Lepore Jr., known to me to be the person whose name, William Lepore Jr., subscribed to the within instrument and acknowledge that he executed the same.

Signature 
Notary Public



CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

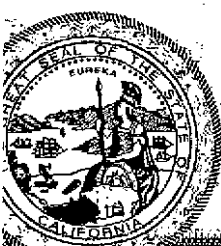
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

8200309000173

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARTHA		CHRISTINE		LEPORE	
4. DATE OF BIRTH - month/day					
01/31/1953					
5. AGE Year					
50					
6. SEX					
F					
7. BIRTH STATE/PROVINCE/COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES	
CA		[REDACTED]-4241		NO	
10. EDUCATION - highest grade completed		11. WAS DECEDENT EVER A NATURALIZED CITIZEN (If yes, see certificate on back.)		12. DECEDENT'S RACE - (If to be filled see instruction on back)	
ASSOCIATE		NO		WHITE	
13. USUAL OCCUPATION - Type of work, for most of time, DO NOT USE RETIRED			14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food service, construction, employment agency, etc.)		
LICENSED VOCATIONAL NURSE			MEDICAL OFFICE		
15. YEARS IN OCCUPATION					
35					
16. DECEDENT'S RESIDENCE (Street and number of location)					
1342 BROOKE WAY					
17. CITY		18. COUNTY/PROVINCE		19. STATE/PROVINCE/COUNTRY	
GARDNERVILLE		DOUGLAS		NEVADA	
20. INFORMANT'S NAME, RELATIONSHIP			21. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, zip)		
WILLIAM J. LEPORE Jr. - HUSBAND			1342 BROOKE WAY, GARDNERVILLE, NV 89410		
22. NAME OF SURVIVING SPOUSE - FIRST		23. MIDDLE		24. LAST (Family Name)	
WILLIAM		JOHN		LEPORE Jr.	
25. NAME OF FATHER - FIRST		26. MIDDLE		27. LAST	
FRANKLIN		RICHARD		KEEPERS	
28. NAME OF MOTHER - FIRST		29. MIDDLE		30. LAST (Family Name)	
MARTHA		WYNEMA		FERGUSON	
31. DATE OF DEATH - month/day		32. PLACE OF FINAL RESIDENCE			
03/12/2003		WILLIAM J. LEPORE Jr., 1342 BROOKE WAY, GARDNERVILLE, NV			
33. TYPE OF DISPOSITION		34. SIGNATURE OF EMPLOYER		35. LICENSE NUMBER	
TR/CR/RES		NOT EMBALMED		[REDACTED]	
36. NAME OF FUNERAL ESTABLISHMENT		37. LICENSE NUMBER		38. SIGNATURE OF LOCAL REGISTRAR	
McFARLANE MORTUARY		FD-1180		[REDACTED]	
39. DATE - month/day		40. SIGNATURE OF LOCAL REGISTRAR			
03/08/2003		[REDACTED]			
41. PLACE OF DEATH					
BARTON MEMORIAL HOSPITAL					
42. COUNTY		43. FACILITY ADDRESS OR LOCATION (Street, PO Box, or other location)		44. CITY	
EL DORADO		2170 SOUTH AVE.		SO. LAKE TAHOE	
45. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final observable condition immediately preceding death)					
CARDIOPULMONARY ARREST					
5 Min.					
UNDERLYING CAUSE (Underlying condition or conditions which led to the immediate cause)					
METASTATIC BREAST CANCER					
3 Yrs.					
46. OTHER ACUTE CAUSE OF DEATH (Specify if not in underlying cause given in 45)					
MALIGNANT LEFT PLEURAL EFFUSION; SEPSIS					
47. WAS OPERATION PERFORMED FOR THIS CONDITION (Specify type of condition and date)					
LEFT THORACOTOMY WITH DECONTAMINATION 02/06/2003; TRACHEOSTOMY 02/27/2003					
48. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION REPORTED ON THIS CERTIFICATE IS TRUE AND CORRECT.		49. SIGNATURE AND TITLE OF PHYSICIAN		50. LICENSE NUMBER	
[REDACTED]		[REDACTED]		65839	
51. DATE - month/day		52. SIGNATURE AND TITLE OF PHYSICIAN			
02/03/1999		GREGORY E. GINN, MD; 2074 LAKE TAHOE BLVD, SO. LAKE TAHOE, CA 96150			
53. I CERTIFY THAT THIS DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		54. PLACED AS WIDOW		55. HOURS (Date month/day)	
NATURAL		NO		[REDACTED]	
56. PLACE OF DEATH (e.g., home, construction site, medical care, etc.)					
[REDACTED]					
57. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
[REDACTED]					
58. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
[REDACTED]					
59. SIGNATURE OF CORPSE/DENITY DONOR		60. DATE - month/day		61. TYPE NAME, TITLE OF CORPSE/DENITY DONOR	
[REDACTED]		[REDACTED]		[REDACTED]	
STATE REGISTRAR		A B C D E		FAX AUTH # 7393	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 03/14/2003

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

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

