



A.P.N.: 1318-03-111-037
File No: 141-2376908 (NMP)

When Recorded return to, and mail Tax Statements to:
Robert J. Clark

P.O. Box 10378
Zephyr Cove, NV 89448

AFFIDAVIT - TERMINATING JOINT TENANCY

Robert J. Clark, of legal age, being first duly sworn, deposes and says:

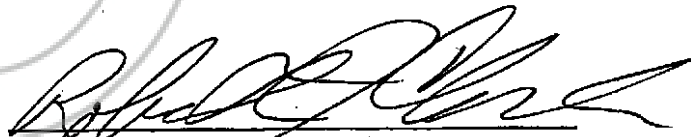
That **Ina M. Clark**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Ina M. Clark** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **June 3, 1999** executed by **Carmen Casolo and Bonnie Casolo**, husband and wife to **Robert J. Clark and Ina M. Clark** as joint tenants, recorded as Document No. **0472213** on **July 9, 1999** in Book **0799**, Page **1544** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

PARCEL 1:

LOT 129 ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JULY 22, 1959, AS DOCUMENT NO. 14668.

PARCEL 2:

TOGETHER WITH A NON-EXCLUSIVE RIGHT-OF-WAY FOR ACCESS TO THE WATERS OF LAKE TAHOE AND FOR BEACH AND RECREATIONAL PURPOSES AS SET FORTH IN DEED RECORDED FEBRUARY 5, 1960, IN BOOK 1, PAGE 268, FILE NO. 15573, OFFICIAL RECORDS.


Robert J. Clark _____ Date _____

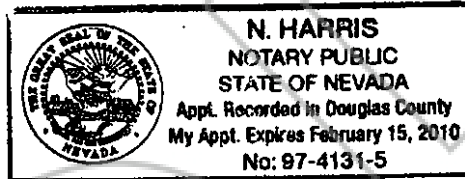
STATE OF **NEVADA**)
)
) :SS.
)
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
3/25/09 by

Robert J. Clark

Ull. [Signature]

Notary Public
(My commission expires: 2/15/10)



BK-409
PG-6402

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
INA		M. CLARK	
4. DATE OF BIRTH mm/dd/yyyy			
09/05/1940			
5. AGE Yrs.		6. SEX	
65		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IDAHO		[REDACTED] 0765	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
[X] NO		MARRIED	
13. EDUCATION - Highest Level (Degrees)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH?	
9		[X] NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
OWNER/OPERATOR		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
OWNER/OPERATOR		COMPUTER PROGRAMMING	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. YEARS IN RESIDENCE	
1062 MYRON DRIVE		20	
21. CITY		22. COUNTY/PROVINCE	
ZEPHYR COVE		DOUGLAS	
23. ZIP CODE		24. YEARS IN COUNTRY	
89448		20	
25. STATE/FOREIGN COUNTRY		26. INFORMATION'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
NEVADA		PO BOX 10378 ZEPHYR COVE, NEVADA 89448	
27. INFORMANT'S NAME, RELATIONSHIP		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
ROBERT J. CLARK - HUSBAND		PO BOX 10378 ZEPHYR COVE, NEVADA 89448	
29. NAME OF SURVIVING SPOUSE - FIRST		30. LAST (Maiden Name)	
ROBERT		CLARK	
31. NAME OF FATHER - FIRST		32. LAST	
CARROLL		HUTCHENS	
33. NAME OF MOTHER - FIRST		34. BIRTH STATE	
OPAL		OREGON	
35. NAME OF MOTHER - FIRST		36. BIRTH STATE	
OPAL		OREGON	
37. DISPOSITION DATE mm/dd/yyyy		38. PLACE OF FINAL DISPOSITION	
04/25/2006		PVT. RES. ROBERT J. CLARK, 1062 MYRON DRIVE, ZEPHYR COVE, NEVADA 89448	
39. TYPE OF DISPOSITION		40. SIGNATURE OF FUNERAL HOME	
CR/TR/RES		NOT EMBALMED	
41. NAME OF FUNERAL ESTABLISHMENT		42. LICENSE NUMBER	
FOREST LAWN MORTUARY GLENDALE		FD 656	
43. SIGNATURE OF LOCAL REGISTRAR		44. DATE mm/dd/yyyy	
[Signature]		04/24/2006	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
CEDAR'S SINAI MEDICAL CENTER		[X] IP [] ENCP [] ODA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
[] Home [] Nursing Home [] Hospice [] Other		LOS ANGELES	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		8700 BEVERLY BOULEVARD	
106. CAUSE OF DEATH		107. IF DEATH REPORTED TO CORONER?	
PNEUMONIA		[X] YES [] NO	
ACUTE LEUKEMIA		108. DEATH REPORTED TO CORONER?	
[] YES [X] NO		109. SPOUSE PERFORMED?	
[] YES [X] NO		110. AUTOPSY PERFORMED?	
[] YES [X] NO		111. USED IN DETERMINING CAUSE?	
[] YES [X] NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERTAINING TO THE UNDERLYING CAUSE GIVEN IN 107	
NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NO		114. IF FEMALE, PREGNANT IN LAST YEAR?	
[] YES [X] NO [] UNK		115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER	
[Signature]		A053975	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
MICHAEL LILL, MD 8700 BEVERLY BOULEVARD, LOS ANGELES, CA 90048		04/21/2006	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		121. INJURED AT WORK?	
[] Normal [] Accidental [] Homicide [] Suicide [] Pending Investigation [] Could not be determined		[] YES [X] NO [] UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

[Signature] 010 APR 27 2006 DATE ISSUED

Director of Health Services and Registrar

This copy not valid unless prepared on engraved



BK-409
PG-6403

