

APN: 1318-03-212-077

Recording Requested By and
When Recorded Mail To:
Law Offices of James K. Burau, Ltd.
916 Southwood Boulevard, Ste 2A
Incline Village NV 89451

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0509 PG- 3107 RPTT: 0.00



Mail Tax Statements To:
Richard D. Picard
5026 Ironwood Drive
Soquel CA 95073

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA)

COUNTY OF SANTA CRUZ-El Dorado) ss.

MARC DAVID PICARD, of legal age, being first duly sworn, deposes and says:

1. I have personal knowledge of the facts set forth in this Affidavit, and if called as a witness would competently testify to the following:
2. My address is 5026 Ironwood Drive, Soquel CA 95073.
3. RICHARD D. PICARD is the Widower of the decedent, MARGARET M. PICARD, who died on December 31, 2008, in Douglas County, Nevada.
4. MARGARET MARY PICARD, the decedent mentioned in the attached original Certificate of Death, State of Nevada File No. 2008019553, is the same person as MARY M. PICARD named as one of the joint tenants in that certain Grant Deed filed for record on September 12, 1983, as Document No. 086723 in the Official Records of Douglas County, Nevada, covering the following described property situate in the said Douglas County, Nevada:

Lot 165, as shown on the Map of Skyland Subdivision No. 3, filed in the Office of the County Recorder of Douglas County, State of Nevada, on February 24, 1960, Document No. 15653

APN: 1318-03-212-077; also known as 1002 Red Fir Drive, Zephyr Cove NV

Marc David Picard
MARC DAVID PICARD

DATED: 4/29 2009

STATE OF CALIFORNIA

COUNTY OF SANTA CRUZ El Dorado

On April 29, 2009 before me, Angela Jara, Public Notary
(here insert name and title of the officer),

personally appeared Marc David Picard, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (is) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Angela Jara (Seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008019553
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Margaret Mary PICARD		2. DATE OF DEATH (Mo/Day/Year) December 31, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1002 Red Fir Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No- Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1932		9a. STATE OF BIRTH (if not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Richard PICARD	
13. SOCIAL SECURITY NUMBER 1748		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1002 Red Fir Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix)			17. MOTHER - NAME (First Middle Last Suffix) Luce		
18a. INFORMANT- NAME (Type or Print) Richard PICARD			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 1568 Zephyr Cove, Nevada 89448		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEPHEN J HEWITT DO			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 02, 2009		21c. HOUR OF DEATH 09:07		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449				23b. LICENSE NUMBER 1107	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) Metastatic Breast Cancer					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

555228



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BK- 0509
PG- 3109

VRS-Rev-2006T

250002 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:

01/06/2009

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

Richard White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

