BARRY RANDALL LIU AND WHEN RECORDED MAIL THIS DEED TO:

BARRY R. LIU ADDRESS 4 JOSEFA PLACE CITY, STATE & ZIP CODE MORAGA, CA 94556-1577 TITLE ORDER NO. ESCROW NO.

06/09/2009 02:27 PM Deputy: OFFICIAL RECORD Requested By: BARRY R LIU

> Douglas County - NV Karen Ellison - Recorder

Fee: 2 of 1 PG- 2779 RPTT:

15.00 0.00



SPACE ABOVE THIS LIN.

SPACE ABOVE PHIS LIN. AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California	
COUNTY OF SENY Mateex Contra Costa	
Barry R. liu	of legal age, being first duly sworn, deposes and says:
That ALAN BARRY LIU	, the decedent mentioned in the attached certified
copy of Certificate of Death, is the same person as ALA	N BARRY LIU
named as one of the parties in that certain Grant Dee	d dated <u>September 14, 1994</u> ,
executed by Barry R. Liu_	
to BARRY R. LIU, ALAN BARRY LIU, KAT	HRYN DYAN LIU
as joint tenants, recorded as Instrument No. 346813	
Page 4214, of the Official Records in the Office of the O	
State of <u>NEVADA</u> , concerning the following de	escribed real property situated in the City of
STATELLINE , Count	ty of <u>DOUGLAS</u> , State of <u>NEVADA</u> :
1959, as Document No. 14738; o 194 Hall Court, Stateline, Nev That the value of all real and personal property o the full value of the above described real property, did not	ada wheel by the decedent at the date of death, including
Dated June 5 , 2009	
/ —	Soverbarlall Cin
	(SIGNATURE OF BOINT TENANT)
**************************************	BARRY RANDALL LILL
ARJUNI SAMERAWICKREME Commission # 1701753	
1 Notary Public - Colitornia	(SIGNATURE OF JOINT TENANT)
Contra Costa County My Comm. Exples Oct 29, 2010	
	(TYPE OR PRINT FULL NAME OF JOINT TENANT)
(SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME
	this $5^{1/4}$ day of \overline{JUNE} , $200S$.
	Museum chrenu

MAIL TAX STATEMENT TO: Barry R. Liu, 4 Josefa Place, Moraga, California 94556-1577

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

	CERTIFICATE OF DEATH STATE OF CURORNA STATE FILE NUMBER STATE FILE	3-2004-49-001 LOCAL REGISTRATION NUMBER		
	1. NAME OF DECEDENT - PIPST (Gover) ALAN BARRY LIU	.\.	7	
OATA	AKA ALBO KNOWN AS Include Itali AKA (FRRST, MODILE, LAST) 4. DATE OF BIRTH minddingyy 5. AGE Ynz	UNDER ONE YEAR IF UNDE	Ninutes 6. SEX 1	
SONAL	8. BIRTH STATEFOREIGN COUNTRY TO, SOCIAL SECURITY NUMBER 11. EVER IN U.S. ARMED FORCES? 12. MARITAL STATUS (ATTITUS (ATT	ATE OF DEATH mm/dd/ocyty	8. HOUR (24 Hours)	
S PER	CA: Pivorced: 04	1/11/2004	1132	
EDENT	TALEDUCATION - Hebral Land Degree 1475. WAS DECEDENT SPANISHMISPANICATINGO? (If yee, see moderated on back.) 16. DECEDENTS FACE Up to 3 roots may be	A licinal (new workshoot our back)	1:1	
25	17. USUA, OCCUPATION — Type of work for most of Wis. DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY(e.g., gracery claim, read combination. Mechanical Engineer Semiconductor Manufacturing	employment agency, stc.)	9. YEARS IN OCCUPATION	
- USUAL RESIDENCE	20, DECEDENT'S RESIDENCE (Smoot and humber of location)	5 80 %	1	
	21. CITY 22 COUNTY-PROVINCE 21. ZP CODE 2 VEARS IN COUNTY	25. STATE/FOREIGN COUNT	RY	
	Mountain View Santa Clara 94043 10	CA 7	<u> </u>	
MFOR	Rita Wells - Mother 4729 Hillsboro Circle, San		- Th.	
F .	28. NAME OF SUFFIVING SPOUSE FIRST 20. NADOLE 30. LAST (Station Name)	第八篇 三十	14.	
MATIO	at, NAME OF FATHER—FIRST 32 MIDDLE 33. LAST	\$ = \$\frac{1}{2} -	S4. BIRTH STATE	
USE A INFOR	Barry Randall Liu ss. NAME OF MOTHER—FIRST So. MADDLE . ST. LAST parallelism?	1 / 3 . 	CA 38. BIRTH STATE	
<u>₩</u> .	Rita Sharlene Wells 3.		MN	
CTORY TRAR	04/16/2004 Mountain View Cemetery, 5000 Piedmont Ave., Oakland		,	
REGIS	OR/BU Not Embalmed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CENSE NUMBER	
COCAL	44. NAME OF FUNERAL ESTABLISHMENT		ATE mm/dd/coyy	
<u> </u>	101. PLACE OF DEATH 102. IF HOSPITAL SPECIFY ONE 103. IF OTH	ER THAN HOSPITAL, SPECIFY	ONE	
CE OF	ROADWAY 104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number of Section)	oe Nursing Horne/LTC	Decedents X Other Home	
Ž Z	Sonoma State Route 12, East of Cakmont Drive	Santa Rosa		
	107, CAUSE OF DEATH Effer the chain of events — desease, intarties, or complications — that directly assess death. DD NOT either terminal events avoid, as transfer events, respiratory arrest, or ventrocater (fartisales without showing the circlety, DD NOT ASSECTIVATE. IMMEDIATE CAUSE. (A)	On and most Dough	YES NO	
	(Put deserver condition resulting grounding gr	04-	0441 OPSY PERFORMED?	
Ė	Sequentativi, likat conditions, if any,		νεα	
PHYSICAINS CENTIFICATION CAUSE OF DEAT	Heading to cause Option Line A Entire Line UNDERLYMO CAUSE (disease or	(CT) /110. AV	TOPSY PENFORMEDT YES NO	
	triage that included the events (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(01) (11, US	D IN DETERMINING CAUSE?	
	112. OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107.		, <u>Las</u>	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1122 (H) to . (b) (h) or operation and date.)	THAN FEMME	PREGNANT IN LAST YEAR?	
	114 LICENSE N	JMBER 117. DATE int	NO UNK	
	AT THE HOUR, DATE AND PLACESTATED FROM THE CAUSES STATED. Concedern Attended Slace. Decoders Leef Seen Alive	MBER TIT DATE III		
E H	(A) minikas/copy 318 TYPE ATTENDING PHYSICIAM'S NAME, MALENG ADDRESS, ZP DODE	1)		
	118. LOBRITIFY THAT IN IMY DYNOON DEATH-OCCURRED AT THE HOUR, DATE, AND PLUCE STATED FROM THE CAUSES STATED. MANNER OF DEATH Habural Accident Houndary Consultation William Houndary (1988) No. UNIX.	121. INAURY DATE mrwidios	y 122 HOUR (24 Hours)	
∖≨	123. PLACE OF INJURY (e.g., home, construction elle, wooded area, siz.) [6]	<u> </u>	+	
CORONIERS USE ONLY	124. DESCRIBE HOW INJURY OCCUPATED (Events which multised in Injury)	<u> </u>	1	
Š	The contract of the contract o	ช	<u>- () </u>	
~ ξ	125. LOCATION OF INJURY (Street prie number, or seeastin, and olly, and 21P)	· · · · · · · · · · · · · · · · · ·	9) =_ (
	128. SKONATORE OF CORONER / DEPUTY CORONER 127. DATE INVASION 128. ITYPE NAME, TITLE OF CORONER DEPUTY			
STAT	E A B - C D TE	FAX AUTH, #	CENSUS TRACT	
REGIST	RAR	7201		

STATE OF CALIFORNIA COUNTY OF SONOMA

8 4 / 1 9 / 2004 DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office; Sonoma County-Department of Health Services.

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

O O O 4 3 B B B B

Maddivi Variante

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

