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DOC # 0760165
03/15/2010 01:02 PM Deputy: GB
OFFICIAL RECORD
Requested By:
LINDA LEEDS

WHEN RECORDED PLEASE MAIL TO:

LINDA K. LEEDS
2137 Pheasant Drive
Hercules, California 94547-1626

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0310 PG- 3173 RPTT: 0.00



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF California)
COUNTY OF San Francisco)^{SS}

LINDA K. LEEDS, being of legal age, and being first duly sworn, pursuant to Nevada Revised Statute 111.365, deposes and says:

Affiant is the wife of DANIEL L. LEEDS, deceased;

DANIEL L. LEEDS and LINDA K. LEEDS, husband and wife as joint tenants with right of survivorship, are Grantees in that certain GRANT BARGAIN AND SALE DEED recorded as Instrument No. 341447 in Book 0794, Page 1034, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada, which property described therein is located in the County of Douglas, State of Nevada, described as follows:

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 18 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by

Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN 42-254-18

DANIEL L. LEEDS was one of the grantees named in said deed and was the identical person named as DANIEL LINN LEEDS, the decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof, which person died on the 28th day of November, 2009, in Solano County, California.

At the death of DANIEL LINN LEEDS, the subject property became the sole and separate property of LINDA K. LEEDS.

FURTHER AFFIANT SAYETH NAUGHT.

DATED this 5th day of March, 2010.

Linda K. Leeds
LINDA K. LEEDS

SUBSCRIBED and SWORN to before me by LINDA K. LEEDS this 5 day of March, 2010.

Erik O. Forsberg
Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

CERTIFICATE OF DEATH

3200948002301

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DANIEL		LINN		LEEDS	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/08/1950		59		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		-9132		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 Hours)	
MARRIED		11/28/2009		1652	
15. EDUCATION - Highest Level Degree (See Worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. YEARS IN OCCUPATION	
BACHELOR		CAUCASIAN		35	
18. USUAL OCCUPATION - Type of work for most of life. (DO NOT USE RETIRED)		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		20. DECEDENT'S RESIDENCE (Street and number or location)	
QUALITY ASSURANCE MANAGER		FOOD INDUSTRY		2463 FLATLEY CIRCLE	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
FAIRFIELD		SOLANO		94533	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
4		CA		LINDA LEEDS, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
2463 FLATLEY CIRCLE, FAIRFIELD, CA 94533		LINDA		KAY	
30. LAST (Maiden Name)		31. NAME OF FATHER - FIRST		32. MIDDLE	
SHERWOOD		GEORGE		LEEDS	
33. LAST		34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
LEEDS		NE		FLORENCE	
36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
STEPHENSON		STEPHENSON		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION - RESIDENCE-LINDA LEEDS		41. TYPE OF DISPOSITION(S)	
12/01/2009		2463 FLATLEY CIRCLE, FAIRFIELD, CA 94533		CR/RES	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
NOT EMBALMED		FD988		BRYAN-BRAKER FUNERAL HOME	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy		47. PLACE OF DEATH	
RONALD W CHAPMAN		12/01/2009		NORTHBAY MEDICAL CENTER	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
NORTHBAY MEDICAL CENTER		<input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SOLANO		1200 B. GALE WILSON BLVD.		FAIRFIELD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		YEARS		110. AUTOPSY PERFORMED?	
		2009-1089		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. LIEBED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive			
(A) mm/dd/yyyy		(B) mm/dd/yyyy			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER		119. DATE mm/dd/yyyy	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		121. INJURED AT WORK?		122. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input checked="" 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		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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	
ADRIAN RAY GARCIA		11/30/2009		ADRIAN RAY GARCIA, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		010001001387853			

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000318026 CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION.

By *Adrian Ray Garcia* Deputy, DATE ISSUED 12/02/2009

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

Ronald W Chapman
 RONALD W. CHAPMAN, MD, MPH
 HEALTH OFFICER AND LOCAL REGISTRAR

