

A.P.N. #	1320-29-119-001
Escrow No.	1027882a
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Diane J. Moore	
P.O. Box 2217	
Minden, NV 89423	
(for recorders use only)	

DOC # 762047  
04/14/2010 02:21PM Deputy: SG  
**OFFICIAL RECORD**  
Requested By:  
**STEWART TITLE - CARSON**  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-410 PG-2586 RPTT: 0.00



CERTIFICATE OF INCUMBENCY  
(Title of Document)

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380  
(State specific law)

Kris Thorson Escrow Assistant  
Signature Title

Kris Thorson  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)



CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200843004960

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-14 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) TIMOTHY		2. MIDDLE OWEN		3. LAST (Family) MOORE	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/12/1943		5. AGE Yrs. <u>64</u> IF UNDER ONE YEAR: Months <u>  </u> Days <u>  </u> IF UNDER 24 HOURS: Hours <u>  </u> Minutes <u>  </u> 6. SEX: <u>M</u>	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-0016		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/26/2008		8. HOUR (24 Hours) 2005	
13. EDUCATION — Highest Level/Degree (See worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO (SPANISH)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (See worksheet on back) WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED BANKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		19. YEARS IN OCCUPATION 38	
20. DECEDENT'S RESIDENCE (Street and number or location) 274 BEVERLY WAY					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
24. YEARS IN COUNTY 4		25. STATE/FOREIGN COUNTRY NV		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) PO BOX 2217, MINDEN, NV 89423	
26. INFORMANT'S NAME, RELATIONSHIP DIANE J. MOORE, WIFE					
29. NAME OF SURVIVING SPOUSE — FIRST DIANE		29. MIDDLE JEAN		30. LAST (Maiden Name) EHRlich	
31. NAME OF FATHER — FIRST ROBERT		32. MIDDLE DENIS		33. LAST MOORE SR.	
35. NAME OF MOTHER — FIRST MARY		36. MIDDLE FAUN		37. LAST (Maiden) OWEN	
34. BIRTH STATE WV		38. BIRTH STATE OK			
39. DISPOSITION DATE mm/dd/yyyy 07/02/2008		40. PLACE OF FINAL DISPOSITION RESIDENCE OF DIANE J. MOORE 274 BEVERLY WAY, GARDNERVILLE, NV 89410			
41. TYPE OF DISPOSITION(S) CREMATION/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TRADITIONCARE FUNERAL SERVICES		45. LICENSE NUMBER FD1649		46. SIGNATURE OF LOCAL REGISTRAR ▶ MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 07/02/2008					
101. PLACE OF DEATH STANFORD HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 300 PASTEUR DRIVE		106. CITY STANFORD	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE: (A) ACUTE HEART TRANSPLANT REJECTION Sequitely, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) COMPLICATION OF CARDIAC TRANSPLANTATION (C) CHRONIC CONGESTIVE HEART FAILURE					
108. DEATH REPORTED TO CORONER (Oral and Death) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEX 107 OR 112? (If yes, list type of operation and date.) 02/25/2007 - CARDIAC TRANSPLANTATION					
113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <u>06/18/2008</u> Decedent Last Seen Alive <u>06/26/2008</u>		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ROBERTO FELIX M.D.		116. LICENSE NUMBER A101179	
117. DATE mm/dd/yyyy 06/30/2008		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN S SCHROEDER M.D. 300 PASTEUR DRIVE CBRB 293, STANFORD, CA 94305			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input 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		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
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	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		012008000948734			

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PG-2588  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

SS

DATE ISSUED

By JUL 11 2008

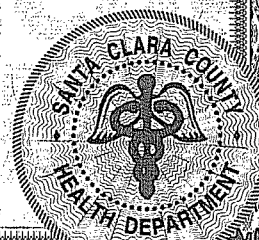
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.



\* H 2 2 7 0 7 8 9 \*

Martin D. Fenstersheib MD  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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





**EXHIBIT "A"**

PARCEL 1:

UNIT 365, AS SHOWN ON THE FINAL MAP NO. 1008-9 FOR WINHAVEN UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JULY 8, 1999, IN BOOK 799 OF OFFICIAL RECORDS AT PAGE 1253, AS DOCUMENT NO. 472099, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

