



A.P.N.: 1419-01-701-005  
File No: 143-2396046 (Rt)

When Recorded return to, and mail Tax Statements to:  
Timothy Hall Stevenson  
3658 Cindy's Trail  
Minden, NV 89423

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Timothy Hall Stevenson**, of legal age, being first duly sworn, deposes and says:

That **Melissa Lee Stevenson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Melissa Lee Stevenson** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **8-16-06** executed by **Stephen K. Macleod to Timothy Hall Stevenson and Melissa Lee Stevenson** as joint tenants, recorded as Document No. **0684923** on **9-22-06** in Book **0906** page **7371** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**BEING A PORTION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B.&M.**

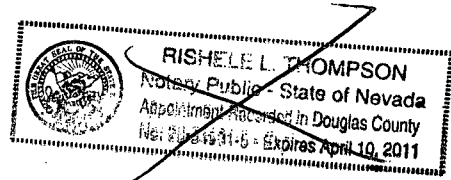
**PARCEL B OF THAT FILED PARCEL MAP FOR JACK W. BAY, ET UX, RECORDED IN BOOK 1077, PAGE 962, AS DOCUMENT NO. 14081, DOUGLAS COUNTY, NEVADA RECORDS.**

Timothy Hall Stevenson 10/13/10  
Timothy Hall Stevenson Date

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

This instrument was acknowledged before me on 10/13/10 by

Timothy Hall Stevenson )  
Rishele L. Thompson  
Notary Public  
(My commission expires: 4/10/11 )



**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
 PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH**

320060900808

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) <b>Melissa</b>		2. MIDDLE <b>Lee</b>		3. LAST (Family) <b>Stevenson</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>09/16/1950</b>		5. AGE Yrs <b>56</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		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) <b>Married</b>		7. DATE OF DEATH mm/dd/yyyy <b>10/15/2006</b>		8. HOUR (24 Hours) <b>1550</b>	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) <b>Some College</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see notation on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE -- Up to 3 races may be listed (See worksheet on back) <b>White</b>	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Dramatic Presentations</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>3658 Cindy's Trail</b>					
21. CITY <b>Carson City</b>		22. COUNTY/PROVINCE <b>Douglas</b>		23. ZIP CODE <b>89705</b>	
24. YEARS IN COUNTY <b>0</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>Timothy Stevenson - Husband</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>3658 Cindy's Trail, Carson City, NV 89705</b>		
28. NAME OF SURVIVING SPOUSE -- FIRST <b>Timothy</b>		29. MIDDLE <b>Hall</b>		30. LAST (Married Name) <b>Stevenson</b>	
31. NAME OF FATHER -- FIRST <b>Melville</b>		32. MIDDLE <b>WASHINGTON</b>		33. LAST <b>Bourders</b>	
34. BIRTH STATE <b>IL</b>		35. NAME OF MOTHER -- FIRST <b>Jane</b>		36. MIDDLE <b>ELANOR</b>	
37. LAST (Married) <b>LEINER</b>		38. BIRTH STATE <b>IL</b>		39. DISPOSITION DATE mm/dd/yyyy <b>10/25/2006</b>	
40. PLACE OF FINAL DISPOSITION <b>RES: Timothy Stevenson - Husband, 3658 Cindy's Trail, Carson City, NV 89705</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>Green Valley Mortuary</b>		45. LICENSE NUMBER <b>FD1551</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Janet...</i>	
47. DATE mm/dd/yyyy <b>10/18/2006</b>		48. DH			
101. PLACE OF DEATH <b>Vehicle</b>					
102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other					
103. COUNTY <b>El Dorado</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>Highway 50 and Silver Fork Road</b>		105. CITY <b>Kyburz</b>	
106. 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) (Final disease or condition resulting in death) <b>Transsected Thoracic Aorta</b>		Time Interval Between Onset and Death <b>Minutes</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B) <b>Multiple Rib Fractures</b>		<b>Minutes</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) <b>Blunt Force Trauma</b>		<b>Minutes</b>		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(D) Other significant conditions contributing to death but not resulting in the underlying cause given in 107 <b>None</b>				111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>No</b>					
113A. FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey Lewallen</i>		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy <b>10/16/2006</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
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 checked="" 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy <b>10/15/2006</b>		122. HOUR (24 Hours) <b>UNK</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>Vehicle</b>					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>Victim was driver of vehicle struck by another vehicle, causing her death.</b>					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) <b>Highway 50 and Silver Fork Road, Kyburz, CA 95720</b>					
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>Jeffrey Lewallen</i>		127. DATE mm/dd/yyyy <b>10/16/2006</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>JEFFREY LEWALLEN / DEPUTY CORONER</b>	
STATE REGISTRAR		FAX AUTH. # <b>6699</b>		CENSUS TRACT	

BK-1010  
 PG-2427  
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**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **OCT 23 2006**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



*Sheldon R. Minkin, D.O.*

SHELDON R. MINKIN, D.O.  
 COUNTY HEALTH OFFICER



CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY HEALTH DEPARTMENT PLACERVILLE, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

3200609000 808 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DEATHS AFTER 1-1994 NO ERASURES, WHITEOUTS, OR ALTERATIONS

BK-1010 PG-2428

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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

Form with fields for Name (Melissa Lee Stevenson), Sex (F), Date of Event (10/15/2006), City of Occurrence (Kyburz), County of Occurrence (El Dorado), Father's Name (Melville Washington Bourders), and Mother's Name (Jane Elanor-Leiner).

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 10 shows 'UNKNOWN' corrected to '5613'.

REASON FOR CORRECTION

13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON, 15. TITLE/RELATIONSHIP TO PERSON IN PART I (FUNERAL ARRANGER), 16. DATE SIGNED—MM/DD/CCYY (10/19/2006)

USE BLACK INK ONLY

17. AGE (ADULT), 18. ADDRESS (STREET, CITY, STATE, ZIP) (3004 ALEXANDRITE DRIVE, RESCUE, CA 95672)

19. SIGNATURE OF SECOND PERSON, 20. TITLE/RELATIONSHIP TO PERSON IN PART I (FUNERAL ARRANGER), 21. DATE SIGNED—MM/DD/CCYY (10/19/2006)

STATE/LOCAL REGISTRAR USE ONLY

22. AGE (ADULT), 23. ADDRESS (STREET, CITY, STATE, ZIP) (3004 ALEXANDRITE DRIVE, RESCUE, CA 95672)

24. SIGNATURE OF STATE OR LOCAL REGISTRAR, 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY (10/23/2006)

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS 2414 (REV. 10/03)

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

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DATE ISSUED OCT 23 2006

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\* 000099714 \*

Sheldon R. Minkin, D.O.

SHELDON R. MINKIN, D.O. COUNTY HEALTH OFFICER

