

DOC # 778811
02/22/2011 08:35AM Deputy: SG
OFFICIAL RECORD
Requested By:
LSI - NORTH
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 41.00
BK-211 PG-3757 RPTT: 0.00



APN# 1420-28-113-008
RECORDING REQUESTED BY
Larry D. Blake
2957 San Mateo Dr
Minden, NV, 89423

AND WHEN RECORDED MAIL TO
Larry D. Blake
2957 San Mateo Dr
Minden, NV, 89423

TITLE ORDER NO 10912967

APN NO. 1420-28-113-008

**AFFIDAVIT OF DEATH OF SPOUSE
(COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP)**

STATE OF ~~Nevada~~ CALIFORNIA
COUNTY OF SAN DIEGO } SS.

Larry D. Blake, of legal age, being first duly sworn, deposes and says: That Yvonne E. Blake, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Yvonne E. Blake, named as one of the parties in that certain Grant, Bargain and Sale Deed dated 2/27/2001, executed by Virgil Patrick Bufkin, trustee of the Virgil Patrick Bufkin 1998 Trust, to Larry D. Blake and Yvonne Esther Blake, husband and wife as Community Property with Right of Survivorship, recorded on 03-12-2001 as document number 0510272, in Book 0301, Page 2791 of Official Records of Douglas County, California, covering the following described property situated in the said Douglas County, State of Nevada

Lot 222 in Block E, as shown on the Final Map No. PD99-02-04 for Saratoga Springs Estates Unit No. 4, a Planned Unit Development, recorded in the Office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 500, Page 4445, as Document No. 492337

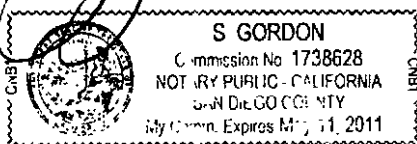
Recording Requested By:
LSI

Larry D. Blake
Larry D. Blake

State of ~~Nevada~~ CALIFORNIA
County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me on this 28 day of Jan, 2011, by Larry D. Blake
, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature] Seal



CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052010162846

CERTIFICATE OF DEATH

3201037014573

STATE FILE NUMBER		COUNTY OF CALIFORNIA SEE BLACK BOX FOR CHANGES, WRITERS OR ALTERNATES 10-11-2007 509		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
YVONNE		ESTHER		BLAKE	
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX	
01/25/1946		64		F	
8. BIRTH STATE/FOREIGN COUNTRY		19. SOCIAL SECURITY NUMBER		31. EVER IN U.S. ARMED SERVICES	
CA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - (Highest Level/degree)		14.15. WAS DECEASED HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see worksheet on back)		32. MARITAL STATUS (at time of death)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
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.)		7. DATE OF DEATH	
HOMEMAKER		OWN HOME		09/19/2010	
8. HOUR (of Death)		16. YEARS IN OCCUPATION			
1753		46			
20. DECEASED'S RESIDENCE (Street and number, or location)					
6739 HIBISCUS DR					
21. CITY		22. COUNTY/PRIOR/STATE		23. ZIP CODE	
LEMON GROVE		SAN DIEGO		91945	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
49		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route/number, city or town, state and zip)		
LARRY BLAKE, HUSBAND			6739 HIBISCUS DR, LEMON GROVE, CA 91945		
28. NAME OF SURVIVING SPOUSE/DECEASED		29. MIDDLE		30. LAST (BIRTH NAME)	
LARRY		DEAN		BLAKE	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
DONALD		ALBERT		DURYEA	
34. NAME OF MOTHER/PARENT - FIRST		35. MIDDLE		36. BIRTH STATE	
WINNIEFRED		ESTHER		NY	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
		NY			
39. DECEASED'S SEX		40. PLACE OF FINAL DISPOSITION			
MALE		RES-LARRY BLAKE-HUSBAND 6739 HIBISCUS DR, LEMON GROVE, CA 91945			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL HOME/EMBALMER		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
EL CAJON MORTUARY		FD1022		WILMA WOOTEN, MD	
47. DATE		48. LICENSE NUMBER		49. DATE	
09/27/2010		50		09/27/2010	
50. PLACE OF BIRTH		51. HOSPITAL, SPECIFY ONE		52. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SHARP GROSSMONT HOSPITAL		<input type="checkbox"/> P <input checked="" type="checkbox"/> EMER <input type="checkbox"/> DCA		<input type="checkbox"/> HOSPICE <input type="checkbox"/> PLACED <input type="checkbox"/> HOME <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER	
53. COUNTY		54. FACILITY ADDRESS OR LOCATION WHERE BORN (Street and number, or location)		55. CITY	
SAN DIEGO		5555 GROSSMONT CENTER DRIVE		LA MESA	
56. CAUSE OF DEATH		57. HOURS BETWEEN DEATH AND DEATH CERTIFICATE		58. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (That closest to condition resulting in death)		DAYS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SEPSIS		1		59. DEATH PERFORMED	
LUNG CANCER, NON-SMALL CELL		1 YR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. ALTERED PERFORMED		61. LIVED IN DECEASED'S HOME			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 56)					
NONE					
63. WAS OPERATION PERFORMED FOR ANY CONDITION IN 62A (IF OR 107) (If yes, list type of operation and date)					
LUNG BIOPSY 08/10/2009					
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE ENTERED					
65. SIGNATURE AND TITLE OF CERTIFIER		66. LICENSE NUMBER		67. DATE	
KAI ZU M.D.		A74842		09/27/2010	
68. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		69. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		70. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
KAI ZU M.D.		KAI ZU M.D.		KAI ZU M.D.	
71. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE ENTERED		72. INJURED AT WORK?		73. BURNED AT WORK?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
74. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
75. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
76. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
77. SIGNATURE OF CORONER / DEPUTY CORONER					
78. DATE		79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
		WILMA J. WOOTEN, MD			
STATE REGISTRAR		A B C D E		FAX AUTH#	
				CENSUS TRACT	

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A002174298

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED, October 5, 2010

WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





Order No.: **10912967**
Loan No.: 001122290069

Exhibit A

The following described property:

Lot 222 in Block E, as shown on the Final Map No. PD99-02-04 for Saratoga Springs Estates Unit No. 4, a Planned Unit Development, recorded in the Office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 500, Page 4445, as Document No. 492337.

Assessor's Parcel No: 1420-28-113-008

