

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0311 PG- 4153 RPTT: 0.00



Assessor's Parcel Number: 1319-18-311-004

Recording Requested By:

✓ Name: Nicole & William French

Address: 7816 Oceanus Drive

City/State/Zip: Los Angeles, CA 90046

Real Property Transfer Tax: Exempt - 4 \$ 0.00

---

Affidavit - Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**Affidavit-Death of Joint Tenant**

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF LOS ANGELES )

NICOLE ANTOINETTE KRANIDAS FRENCH and WILLIAM WORDSWORTH FRENCH, of legal age, being first duly sworn, now depose and say:

That ELLEN ANTOINETTE KRANIDAS, the decedent mentioned in the attached State of California Certification of Vital Record, is the same person as ELLEN ANTOINETTE KRANIDAS named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 24, 2009, executed by HSBC Bank USA, National Association, as Trustee for the holders of the certificates issued by Deutsche Alt-A Securities Mortgage Loan Trust, Series 2006-AR3 to Ellen Antoinette Kranidas, a widow, and Nicole Antoinette Kranidas French and William Wordsworth French, wife and husband, all as joint tenants with right of survivorship, recorded as Document No. 0738513, in Book 0209 at Page 6375 of the Official Records of Douglas County, State of Nevada, covering the following described property:

Lot 5 as shown on map of KINSBURY VILLAGE UNIT NO. 4, filed for record in the Office of the County Recorder on December 9, 1963, Document No. 23987 Official Records of Douglas County, State of Nevada.

  
\_\_\_\_\_  
NICOLE ANTOINETTE KRANIDAS FRENCH

  
\_\_\_\_\_  
WILLIAM WORDSWORTH FRENCH

SUBSCRIBED AND SWORN TO before me a Notary Public from said County and State by NICOLE ANTOINETTE KRANIDAS FRENCH and WILLIAM WORDSWORTH FRENCH on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

*see attached sheet*

\_\_\_\_\_  
NOTARY PUBLIC

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of LOS Angeles

On 12/29/2010 before me, Katherine S. Spiros, Notary Public  
Date Here Insert Name and Title of the Officer

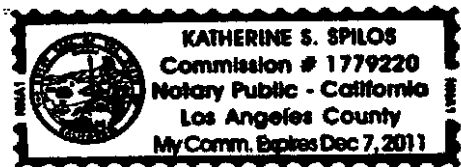
personally appeared William Wordsworth French and Nicole Antoinette French  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]  
Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Affidavit - Death of Joint Tenant

Document Date: 2/24/09 + 12/9/03 Number of Pages: 1

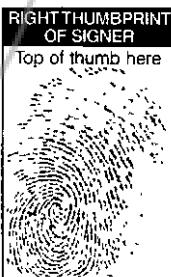
Signer(s) Other Than Named Above: None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: William W. French

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

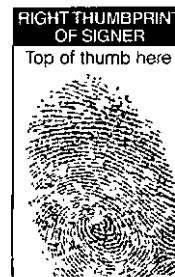
Signer Is Representing: self



Signer's Name: Nicole A. French

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: self



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

3201019013124

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, HIGHLIGHTS OR AUTOCORRECT VS-100RY 3/02		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ELLEN</b>		2. MIDDLE <b>ANTOINETTE</b>		3. LAST (Family) <b>KRANIDAS</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>09/23/1933</b>		5. AGE Yrs. <b>76</b>		6. SEX <b>F</b>	
9. BIRTH STATE/PROVINCE/COUNTRY <b>GREECE</b>		10. SOCIAL SECURITY NUMBER <b>6882</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAL STATUS/PROF (at time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>03/19/2010</b>		8. HOUR (24 Hour) <b>1814</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>PROFESSIONAL</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet 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 <b>GOVERNMENT ADMINISTRATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>US GOVERNMENT</b>		19. YEARS IN OCCUPATION <b>25</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1409 KINGSTON AVENUE</b>					
21. CITY <b>ALEXANDRIA</b>		22. COUNTY/PROVINCE <b>ALEXANDRIA</b>		23. ZIP CODE <b>22302</b>	
24. YEARS IN COUNTY <b>49</b>		25. STATE/FOREIGN COUNTRY <b>VA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>NICOLE FRENCH, DAUGHTER</b>					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>7818 OCEANUS DR., LOS ANGELES, CA 90046</b>					
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>NICOLAS</b>		32. MIDDLE		33. LAST <b>YIANNACOPOULOU</b>	
34. BIRTH STATE <b>GREECE</b>		35. NAME OF MOTHER/PARENT - FIRST <b>THEODORA</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>ANDRIOPOULOU</b>		38. BIRTH STATE <b>GREECE</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>04/10/2010</b>		40. PLACE OF FINAL DISPOSITION <b>ARLINGTON NATIONAL CEMETERY</b>			
41. TYPE OF DISPOSITION <b>TR/BU</b>		42. SIGNATURE OF EXEMPLAR <b>MARNE HARRIS</b>		43. LICENSE NUMBER <b>EMB8907</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMR PRKS &amp; MTYS</b>		45. LICENSE NUMBER <b>FD 904</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
47. DATE mm/dd/yyyy <b>04/02/2010</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>					
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>7818 OCEANUS DRIVE</b>		106. CITY <b>LOS ANGELES</b>	
107. CAUSE OF DEATH Enter the origin of death - disease, injury, or complication - 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. <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) CORONARY ARTERY DISEASE</b>					
108. TIME INTERVAL BETWEEN DEPT AND DEATH <b>MINS</b>		109. YEARS <b>2010-52243</b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ALZHEIMER'S DEMENTIA</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>					
113A. IF 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		115. SIGNATURE AND TITLE OF CERTIFIER <b>MATTHEW LEFFERMAN D.O.</b>		116. LICENSE NUMBER 117. DATE mm/dd/yyyy <b>20A8057 03/25/2010</b>	
(A) Decedent Attended Since <b>08/19/2008</b>		(B) Decedent Last Seen Alive <b>12/16/2009</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MATTHEW LEFFERMAN D.O.</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour)	
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	

BK- 0311 PG- 4156 Page: 4 Of 4 03/21/2011 0780235

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E Fielding MD*  
VB

DATE ISSUED

APR - 6 2010

\* HD 1809809 \*

Director of Public Health and Registrar

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

