

15

OFFICIAL RECORD
Requested By:
JENNIFER WING

A.P.N. 1220-03-412-006

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0311 PG- 4415 RPTT: 0.00

When Recorded Mail To:
✓ Justin & Jennifer Wing
1374 Brooke Way
Gardnerville, NV 89410



AFFIDAVIT - DEATH OF JOINT TENANT

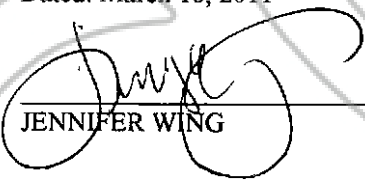
The undersigned being first duly sworn, deposes and says:

That JOAN CAROL COSTA, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOAN COSTA named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated December 31, 2003, executed by GEORGE LOMBARD and MARIA LOMBARD, husband and wife as joint tenants, and JOAN COSTA, an unmarried woman and JUSTIN WING and JENNIFER WING, husband and wife, as joint tenants, recorded as Instrument No. 0600991, Book 1203, Page 13957 on December 31, 2003 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 4, BLOCK A, AS SHOWN ON THE FINAL MAP OF SOUTHGATE SERVICE PARK TWO (AN INDUSTRIAL SUBDIVISION) FILED FOR RECORD APRIL 2, 1992 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA IN BOOK 492, AT PAGE 182, AS DOCUMENT NO. 274729.

TOGETHER with tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Dated: March 16, 2011



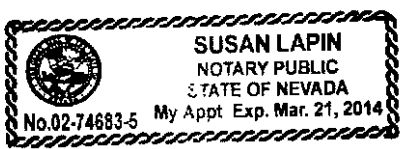
JENNIFER WING

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On March 21, 2011, before me, a notary public, personally appeared JENNIFER WING, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that SHE executed the instrument.



Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
 PUBLIC HEALTH SERVICES
 STOCKTON, CALIFORNIA

3052011014359

CERTIFICATE OF DEATH

3201139000272

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENTRIES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 0/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOAN		2. MIDDLE CAROL		3. LAST (Family) COSTA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/08/1950		5. AGE Yrs. Mths. Ds. 60	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7394		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. 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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESTAURANT AND BAR		19. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) 24 HOLLYWOOD AVE					
21. CITY TRACY		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95376	
24. YEARS IN COUNTY 42		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP TOM COSTA, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 24 HOLLYWOOD AVE, TRACY, CA 95376			
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST THOMAS		29. MIDDLE JOAQUIN		30. LAST (BIRTH NAME) COSTA	
31. NAME OF FATHER/PARENT - FIRST RICHARD		32. MIDDLE JACOB		33. LAST ROSENQUIST	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST LORRAINE		36. MIDDLE ELVA MAE	
37. LAST (BIRTH NAME) CLINE		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 01/27/2011		40. PLACE OF FINAL DISPOSITION RESIDENCE TOM COSTA 24 HOLLYWOOD AVE, TRACY, CA 95376			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT FRY MEMORIAL CHAPEL		45. LICENSE NUMBER FD1461		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
47. DATE mm/dd/yyyy 01/27/2011		48. SIGNATURE OF LOCAL REGISTRAR (Seal)			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 24 HOLLYWOOD AVE		106. CITY TRACY	
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. RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		110. ALTOPOSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST MULTIPLE MALIGNANCIES CERVICAL CANCER		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 ITEM 107 OR 112? If yes, list type of operation and date. NO		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. Decedent Attended Since: (A) mm/dd/yyyy 12/30/2010 (B) mm/dd/yyyy 01/21/2011		115. SIGNATURE AND TITLE OF CERTIFIER MIGUEL ANGEL HERNANDEZ M.D.		116. LICENSE NUMBER A67811	
117. DATE mm/dd/yyyy 01/26/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MIGUEL ANGEL HERNANDEZ M.D. 1448 FLORIDA AVE, MODESTO, CA 95350			
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? <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	

BK- 0311
 PG- 4416
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 0780279
 03/21/2011



STATE REGISTRAR A B C D E *010001001694450* FAX AUTH.#

CERTIFIED COPY OF VITAL RECORDS

000574641

STATE OF CALIFORNIA } SS
 COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Karen Furst, MD
 KAREN FURST, MD, MPH
 LOCAL REGISTRAR

DATE ISSUED: **JAN 31 2011**

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

