

Doc Number: **0819073**

02/27/2013 02:47 PM

OFFICIAL RECORDS

Requested By
FRIEDMAN MCCUBBIN ET AL

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0213 Pg: 7629



Deputy ar

A.P. No. 1418-10-511-022
RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:
Michael A. Roosevelt, Esq.
Friedman, McCubbin, Spalding, et al.
425 California Street, 25th Floor
San Francisco, CA 94010

Mail Tax Statements to:
Joseph M. Fee
1450 Post Street, Apt. 217
San Francisco, CA 94109-6589

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

JOSEPH M. FEE, hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in that certain Grant, Bargain and Sale Deed dated September 24, 1991 and recorded on October 4, 1991 as File No. 261809 in Book 1091 at Page 553 of Official Records in the office of the County Recorder of Douglas County, Nevada, covering real property located at 2146 The Back Road, Glenbrook, County of Douglas, State of Nevada and more particularly described as follows:

Lot 20, Block B, as shown on the Map of Glenbrook Unit No. 3, filed in the office of the Recorder of Douglas County, Nevada on June 13, 1980 as Instrument No. 45299, Official Records, and amendment thereto recorded March 3, 1981 of Official Records at page 117, Douglas County, Nevada.

2. ELIZABETH C. FEE, who died on February 15, 2012 in the City and County of San Francisco, California, is one of the grantees named in said deed and is the same person named as the Decedent in the attached certified copy of Certificate of Death.

3. ELIZABETH C. FEE and Affiant purchased the above-described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THE DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

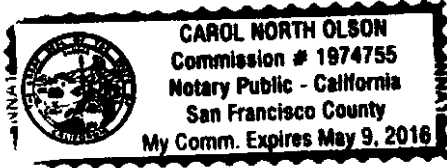
Jms
Date: ~~January~~ ^{February} 4, 2013

Joseph M. Fee
JOSEPH M. FEE

Subscribed and sworn to (or affirmed) before me on this 4th day of February, 2013, by Joseph M. Fee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Date: February 4, 2013

Signature: Carol North Olson
Notary Public



COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052012046649

CERTIFICATE OF DEATH

3201238001109

STATE FILE NUMBER 3052012046649		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, AMENDMENTS OR ALTERATIONS VS-1 (REV. 3/03)		LOCAL REGISTRATION NUMBER 3201238001109	
1. NAME OF DECEDENT - FIRST (Given) ELIZABETH		2. MIDDLE C.		3. LAST (Family) FEE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/01/1924		5. AGE Yrs 88	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-0842		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP ¹ at Time of Death MARRIED		7. DATE OF DEATH mm/dd/yyyy 02/15/2012		8. HOUR (24 Hour) 1856	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) CAUCASIAN	
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.) HOMEMAKING		19. YEARS IN OCCUPATION 19	
20. DECEDENT'S RESIDENCE (Street and number, or local on)					
21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		23. ZIP CODE 94109	
24. YEARS IN COUNTY 88		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LAURA FEE REES, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 1373, ROSS, CA 94957		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST JOSEPH		29. MIDDLE M		30. LAST (BIRTH NAME) FEE	
31. NAME OF FATHER/PARENT - FIRST LELAND		32. MIDDLE		33. LAST CRAWFORD	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST MAE		36. MIDDLE	
37. LAST (BIRTH NAME) MCCORMACK		38. BIRTH STATE WA			
39. DISPOSITION DATE mm/dd/yyyy 03/30/2012		40. PLACE OF FINAL DISPOSITION SANTA BARBARA CEMETERY 901 CHANNEL DRIVE, SANTA BARBARA, CA 93108			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER SIMON HERON		43. LICENSE NUMBER EMB8323	
44. NAME OF FUNERAL ESTABLISHMENT MCAVOY O'HARA CO.		45. LICENSE NUMBER FD 523		46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.	
47. DATE mm/dd/yyyy 03/13/2012					
101. PLACE OF DEATH C.P.M.C. EAST.CAMPUS.		102. IF HOSPITAL, SPECIFY ONE <input checked="" 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3698 CALIFORNIA STREET		106. CITY SAN FRANCISCO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIAC ARRHYTHMIA 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 B) ALZHEIMER'S DEMENTIA C) D)		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? (C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? (D) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? (C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? (D) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 THROMBOCYTOPENIA					
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: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW BERNARD GIANG M.D.		116. LICENSE NUMBER A68929	
117. DATE mm/dd/yyyy 01/26/2012		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW BERNARD GIANG M.D. 3698 CALIFORNIA STREET, SAN FRANCISCO, CA 94118		117. DATE mm/dd/yyyy 03/08/2012	
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. 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		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	

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.
DATE ISSUED: APR 05 2012
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.
FRENCO (01/1) 12/10



* 003250308 *
Tomas Aragon, M.D., Dr.P.H.
Health Officer and Local Registrar



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

3052012046649

AFFIDAVIT TO AMEND A RECORD

3201238001109

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ELIZABETH	1B. MIDDLE C.	1C. LAST FEE
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 02/15/2012	4. CITY OF EVENT SAN FRANCISCO
	5. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD LELAND - CRAWFORD		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD MAE - MCCORMACK
	6. COUNTY OF EVENT SAN FRANCISCO		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
19	19	64
LIST ONE ITEM PER LINE		

11. TO CHANGE YEARS IN OCCUPATION

REASON FOR CORRECTION

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.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON ▶ PAUL DOMERGUE	12B. PRINTED NAME PAUL DOMERGUE	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4545 GEARY BLVD., SAN FRANCISCO, CA 94118	12E. DATE SIGNED—MM/DD/CCYY 03/27/2012	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON ▶ RICHARD OHARA	13B. PRINTED NAME RICHARD OHARA	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4545 GEARY BLVD., SAN FRANCISCO, CA 94118	13E. DATE SIGNED—MM/DD/CCYY 03/29/2012	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ▶ STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 03/30/2012	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
FORM VS 24e (REV. 1/08)
1.1

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
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DATE ISSUED APR 05 2012
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Tomás Aragón
Tomás Aragón, M.D., Dr.P.H.
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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