

RECORDING REQUESTED BY:

Chicago Title Company
Escrow No.: 13-35026569-RT
Locate No.: CAIND0000-7738-2350-
Title No.:

When Recorded Mail Document To:

Anne H. Choy
277 7th Avenue #2
San Francisco, CA 94118

*and
Tax
statement*

DOC # 828604
08/09/2013 10:12AM Deputy: PK
OFFICIAL RECORD
Requested By:
Ticor Title - Reno (Title
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$41.00
BK-813 PG-2521 RPTT: 0.00



APN: 1318-26-514-004

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

COUNTY OF Douglas,

Anne H. Choy, of legal age, being first duly sworn, and deposes and says:

That **Bing W. Choy**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Bing Wah Choy** named as one of the parties in that certain **Grant Deed** dated **July 15, 2004** executed by **Clinton D. Purvance and Shawna M. Purvance to Anne H. Choy and Bing Wah Choy**, as Joint Tenants, recorded as instrument no. **0619579**, on **July 23, 2004**, in Book **0704**, Page **09988**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the City of **Stateline**, County of **Douglas**, State of **Nevada**.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED: July 31, 2013

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 7th day of August, 2013, by Anne H. Choy, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Anne H. Choy

Anne H. Choy

Signature
(Seal)

[Signature]



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 10/03)

3200538003102

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) BING		2. MIDDLE W.		3. LAST (Family) CHOY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 11/07/1930	
5. AGE Yrs. 74		6. FUND ONE YEAR Months Days Hours 74		7. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CHINA		9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS (at Time of Death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/yyyy 06/23/2005		13. HOUR (24 Hours) 1545	
14. EDUCATION - Highest Level/Degree (see worksheet on back) 12		14A. WAS DECEDENT SPANISH/Spaniolatino? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) ASIAN/CHINESE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROPRIETOR			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, vessel construction, employment agency, etc.) MEAT MARKET		
19. YEARS IN OCCUPATION 48			20. DECEDENT'S RESIDENCE (Street and number or location) 277 7TH AVE. #2		
21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		23. ZIP CODE 94118	
24. YEARS IN COUNTY 54		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ANNE H. CHOY - WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 277 7TH AVE. #2, SAN FRANCISCO, CA 94118		28. NAME OF SURVIVING SPOUSE - FIRST ANNE		29. MIDDLE H.	
30. LAST (Maiden Name) CHAN		31. NAME OF FATHER - FIRST TONG		32. MIDDLE SEN	
33. LAST CHOY		34. BIRTH STATE CHINA		35. NAME OF MOTHER - FIRST YUET	
36. MIDDLE -		37. LAST (Maiden) LAU		38. BIRTH STATE CHINA	
39. DISPOSITION DATE mm/dd/yyyy 07/09/2005		40. PLACE OF FINAL DISPOSITION HOY SUN MEMORIAL PARK - COLMA, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Shant Staines</i>		43. LICENSE NUMBER 7366	
44. NAME OF FUNERAL ESTABLISHMENT GREEN STREET MORTUARY		45. LICENSE NUMBER FD 101		46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>	
47. DATE mm/dd/yyyy 06/30/2005		101. PLACE OF DEATH UCSF MEDICAL CENTER			
102. COUNTY SAN FRANCISCO		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 505 PARNASSUS AVE.		104. CITY SAN FRANCISCO	
107. CAUSE OF DEATH Enter the chain of events - disease, 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) PNEUMONIA Underlying Cause (B) 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 SEPSIS, ACUTE RENAL FAILURE, STATUS POST MYOCARDIAL INFARCTION					
108. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA				109. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEPSIS, ACUTE RENAL FAILURE, STATUS POST MYOCARDIAL INFARCTION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 mm/dd/yyyy 06/17/2005		115. SIGNATURE AND TITLE OF DEPRERER <i>Nicholas A. Daniels, MD</i>		116. LICENSE NUMBER A 60278	
117. DATE mm/dd/yyyy 06/23/2005		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICHOLAS A. DANIELS, MD, 505 PARNASSUS AVE., SAN FRANCISCO, CA 94143			
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. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		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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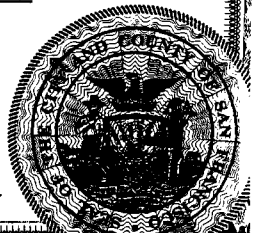
STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **JUL 0 1 2005**

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



Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar





Order No.: 01303348-TO

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 6, in Block A, of GRANITE SPRINGS SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 15, 1979, in Book 679, Page 1150, as File No. 33554.

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