RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Robert D. Winkler
Law Offices of Robert V. Winkler, APC
1883 East 14th Street
San Leandro, CA 94577

MAIL TAX STATEMENTS TO:

Leslie Steven Keeling & Danielle Keeling 111 Amigo Road Danville, CA 94526 DOUGLAS COUNTY, NV

00

2014-851711

Rec:\$16.00 Total:\$16.00

10/27/2014 01:36 PM

LAW OFFICES ROBERT V WINKLER

Pas=3



KAREN ELLISON, RECORDER

\ \

R&T Code 11930: Transfer is by reason of death.

AFFIDAVIT DEATH OF JOINT TENANT

SHERI HUNTER, of legal age, being first duly sworn, deposes and says that ALICE D. KEELING, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALICE D. KEELING, named as one of the parties in that certain GRANT DEED dated July 8, 2010, executed by ALICE D. KEELING, an widow, AS JOINT TENANTS with Leslie Steven Keeling, recorded as Instrument No. 0770120 on September 9, 2010, in Official Records of Douglas County, Nevada, covering all that real property situated in the City of Zephyr Cove, County of Douglas, State of Nevada, described as follows:

Lot 50, as shown on the Amended Plat of Zephyr Knolls Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1957, as Document No. 12415

Commonly known as: 728 Lakeview Drive, Zephyr Cove, NV 89448 APN: 1318-10-312-032

State of California	\)
_ \	\) ss.
County of Alameda	/)

The undersigned, being duly sworn says:

That she is the person signing the above document; that she has read the same, and knows the contents thereof, and that the acts stated therein are true.

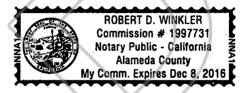
By:

SHERI HUNTER,

State of California	
•) ss.
County of Alameda)
	18tu
Subscribed and sworn	to (or affirmed) before me on this day of September, 2014, by
SHERI HUNTER, p	oved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.	\ \

Robert D. Winkler, Notary Public My Commission No.: 19

My Commission Expires on: December 8, 2016





COUNTY of CONTRA COSTA

	STATE FILE NUMBER	USE BLACK INK ONLY / NO FRASURES USE BLACK INK ONLY / NO FRASURES US-1 1 GREV	OF DEALH ORNIA WHITEOUTS OR ALTERATIONS	W	07003722		
1	1. NAME OF DECEDENT- FIRST (Given)	12. MIDDLE	3. LAST (Fourthy)	STRATION NUMBER		
	ALICE AKA, ALSD KNOWN AS Include full AKA (FIRST, MIDDLE, LAST)	DOROTHY	4. DATE OF BIRTH mm/dd/ccyy	THE THE WALL	R IF UNDER 24 HOURS 3 8. SEX		
3		enter time and	07/20/1926	87 Days	Hours Minutes		
DECEDENT'S PERSO	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUI	MBER 11. EVER IN U.S. ARMED FO	IRCES? 12, MARITAL STATUS S	RDP* (at Time of Death) 7. DATE OF DEA 06/28/20			
	13. EDUCATION - Highest Cove/Degree 14/13. WAS DECEDENT HISPANICALA HS GRADUATE WES	TNO(AVSPANISH? (If yes, see worksheet on	16. DECEDENT'S RAC	E-Up to 3 races may be lated (see w SE, CAUCASIAN	förksheet on back)		
	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RECLERICAL WORKER		ESS OR INDUSTRY (e.g. grocery		gency, etc.). 118, YEARS IN OCCUPATION		
	20. DECEDENT'S RESIDENCE (Street and number, or location)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
USUAL	21. CITY 22. COUN	TRA COSTA	and the second s	4. YEARS IN COUNTY 25. STATE/F	OREIGN COUNTRY		
ANT	28. INFORMANTS NAME, RELATIONSHIP. LESLIE S. KEELING, SON			VILLE CA 94526	or town, state and zip)		
_ <u>\$</u> \$		29; MIDDLE	30 LAST (BIRTH I	sala anian lana wang			
AD AND	and and an arranged the succession	22. MIDDLE	33. LAST		04, BIRTH STATE		
SPOUSE/SI PARENT INFO		DE GOUVEIA	MENDES		PORTUGAL .		
	ADELAIDE	- 10 00 00 00 00 00 00 00 00 00 00 00 00	PIEREIRA	A DE JESUS	PORTUGAL		
AL DIRECTORY I REGISTRAR	07/02/2014 40. PLACE OF FINAL DISPOSITION DATE: "MINISTRATE OF PLACE OF FINAL DISPOSITION OF DISPOSITION (S)	D, DANVILLE, CA 94	526				
	CREMATION/RES/BURIAL	NOT EMBA	MED		43. LIGENSE NUMBER		
FUNER	44: NAME OF FUNERAL ESTABLISHMENT GRAHAM-HITCH: CREMATION: AND MEMORIAL CENTER		B. SIGNATURE OF LOCAL REGIS WENDEL BRUN	NER, MD	07/02/2014		
0.1	OWN RESIDENCE		102. IF HOSPITAL, SPECIFY		OSPITAL SPECIFY ONE Nursing Decedent's Other Home/LTC Home		
PLACE	CONTRA COSTA 105. FACILITY ADDRESS OF	AD	number, or location).	106. CIT	NVILLE IN THE SECOND		
	107. CAUSE OF DEATH Enter the chain of events disage as cardisc arrest, respiratory ones. IMMEDIATE CAUSE(A) LUNG CANCER	ece, injuries, or complications—that direct t, or ventricular familiation without showing the	y caused doath, DO NOT enter term to attology, DO NOT ABBREVIATE.	na) events such	nd Death X YES NO		
	(Final disease or condition resulting		W. W. W.	MON	VS 2014-2856		
₩, ₩,	Sequentially, list:		W	ΥRS	X AER NO		
	leading to cause (c)			(CT)	110. AUTOPSY PERFORMED? YES X NO		
CAUSE	Injury that Initiated the events (D) resulting in death) LAST			(on)	111, USED IN DETERMINING CAUSE?		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU SENILE: DEMENTIA	T NOT RESULTING IN THE UNDERLYING	CAUSE GIVEN IN 107		WW ATT AND AND AND		
	113, WAS OPERATION PERFORMED FOR ANY CONDITION US TIEM 107	OR 1127.tif yes, list type of operation and	I date.)	W. jr	YES X NO UNK		
S S	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	SIGNATURE AND TITLE OF CERTIFIE	O MODE TO S		ISE NUMBER 117. DATE mm/dd/ccyy 108: 07/01/2014		
HYSICU	(A) mm/dd/cdyy (B) mm/dd/cdyy 118	. TYPE ATTENDING PHYSICIAN'S NAMI	MAILING ADDRESS, ZIP CODE	NARENDRA K MAL	ANIM.D.		
78	06/06/2014 06/28/2014 54 110. I CERTIPY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AN MANNER OF DEATH MOUNT M	Peodlog	Could not bo		TY. DATE m/m/dd/ccyy 122. HOUR: (24 Hours)		
ğ	133. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.	III/estigation	datermined TES :		10 44 14 14 1		
SUSEO	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Vi	ury)		Within the same of			
RONER	125. LOCATION OF INJURY (Street and number, or location, and city, an	d kip)					
8 	128. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE: mn	Vdd/ccyy 128: TYPE NAME	TITLE OF CORONER (DEPUTY CO	RONER		
<u></u>			20 - 33				
STATE AEGISTRAR A B B C C D E CENSUS TRACT *630001002677263*							
.X .W. X.		AC 2 200 / 1 10 200	ni dodani. j	Tr dv. 15			

CERTIFIED COPY OF VITAL RECORDS

A SS DATE ISSUED JUL 0 7 2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

