

APN 1418-34-112-016

Recording requested by
and when recorded, mail to.

Melvin Laub
1148 Ski Run Boulevard
South Lake Tahoe, CA 96150



KAREN ELLISON, RECORDER

Above Space Reserved for Recording Information

AFFIDAVIT – DEATH OF A JOINT TENANT

Melvin Laub, of legal age, being duly sworn, deposes and says:

That **Barbara Louise Messner**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Barbara Louise Laub** named as one of the parties in that certain **Deed** dated May 11, 1970, executed by Ed Sholin and Clara Sholin, husband and wife, to Melvin Laub and Barbara Louise Laub, husband and wife, as tenants in common, recorded as Document No 48117, on May 14, 1970, in Book 78, Page 53, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada

Lot 87, as shown on the map of North Lakeridge, including North Lakeridge & Revised Portion of Lakeridge Estates No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on August 29, 1960.

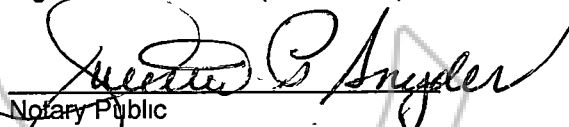
Dated October 8, 2015



Melvin Laub

STATE OF NEVADA)
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on October 8, 2015, by MELVIN LAUB



Notary Public

JULIETTE P. SNYDER
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 02-73776-5
My Appt. Expires Jan. 13, 2016

(Seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
V.11 (REV. 1/03)

320044800 1112

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) Barbara		2. MIDDLE Louise	3. LAST (Family) Messner
AKA, ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy 01/09/1935		5. AGE Yrs 69	6. SEX F
7. UNDER ONE YEAR Months: _____ Days: _____		8. UNDER 24 HOURS Hours: _____ Minutes: _____	
9. BIRTH STATE/FOREIGN COUNTRY IN	10. SOCIAL SECURITY NUMBER ██████████4747	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at time of death) Married
13. EDUCATION — Highest Level/Degree (from back of cert on back) HS Graduate		14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (if yes, see work) (see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE — Up to 3 races may be listed (see work) (see back) White
17. USUAL OCCUPATION — Type of work (if retired) DO NOT USE RETIRED Homemaker		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Own Home	19. YEARS IN OCCUPATION 27
20. DECEDENT'S RESIDENCE (Street and number or location) 1021 Nebraska Street			
21. CITY Vallejo	22. COUNTY/PROVINCE Solano	23. ZIP CODE 94590	24. YEARS IN COUNTY 50
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Harold D Messner - Husband		27. INFORMANT'S MAILING ADDRESS (Street and number or P.O. box, number, city or town, state, ZIP) 1021 Nebraska St Vallejo, CA 94590	
28. NAME OF SURVIVING SPOUSE — FIRST Harold	29. MIDDLE Daie	30. LAST (Median Name) Messner	
31. NAME OF FATHER — FIRST George	32. MIDDLE Allen	33. LAST Badges	34. BIRTH STATE IN
35. NAME OF MOTHER — FIRST Ruth	36. MIDDLE Bush	37. LAST (Median) Bush	38. BIRTH STATE IL
39. DISPOSITION DATE mm/dd/yyyy 06/11/2004	40. PLACE OF FINAL DISPOSITION Tulocay Cemetery, 411 Coombsville Rd., Napa, CA 94559		
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed	43. LICENSE NUMBER
44. NAME OF FUNERAL ESTABLISHMENT Tulocay Cemetery and Crematory		45. LICENSE NUMBER FD-1786	46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Hauer, D.O.</i>
47. DATE mm/dd/yyyy 06/08/2004			
48. PLACE OF DEATH Residence	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY Solano	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1021 Nebraska Street	106. CITY Vallejo	
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) Cardiac Arrest Secondary: list condition(s) if any, leading to cause on line A. Enter UNDERLYING CAUSE (B) Chronic Obstructive Pulmonary Disease Cause of death (C) that explains the events resulting in death: (D) None	108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ADVISAL NUMBER 2004-0627 (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	109. TIME OF DEATH Oval and Death Mins Yrs	
110. OTHER SIGNIFYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None			
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) None			
112. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
113. 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 01/01/1990 04/30/2004		114. SIGNATURE AND TITLE OF CERTIFIER <i>Richard Fleming M.D.</i>	115. LICENSE NUMBER G34616
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Richard Fleming M.D., 975 Sereno Drive, Vallejo, CA 94589		117. DATE mm/dd/yyyy 06/08/2004	118. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
119. I CERTIFY THAT IN (a) DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <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 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		FAX AUTH #	CENSUS TRACT



* 000452124 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY ASSESSOR/RECORDER

MARC O. TONNESSEN
COUNTY ASSESSOR/RECORDER

By *Deputy*, Deputy DATE ISSUED **07/15 2014**

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

