

APN#: 1220-03-411-008

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Daniel G. Summers

5445 Caruth Haven Ln Apt. 928

Dallas, TX

75225

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Anu Jansse

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

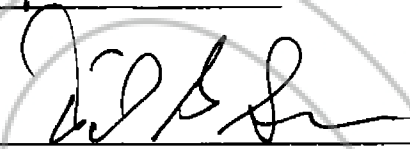
Daniel G. Summers, of legal age, being first duly sworn, deposes and says:

That Mary M. Summers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary M. Summers named as one of the parties in that certain Deed of Trust dated 8/18/2003 executed by Donald A. Bridges and Doris Bridges, husband and wife as joint tenants, as Trustor, to Western Title Company, Inc., a Nevada Corporation, as Trustee, in favor of Daniel G. Summers and Mary M. Summers, husband and wife as joint tenants, recorded as instrument No. 588502, on 9/2/2003, in Book 0903, Page 559, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 8, in Block A, as set for on the Final Map of SOUTHGATE SERVICE PARK 1 (an Industrial subdivision), filed in the office of the County Recorder of Douglas County, State of Nevada, on June 5, 1991, in Book 691, Page 457, as Document No. 252109.

Dated 12/21/16

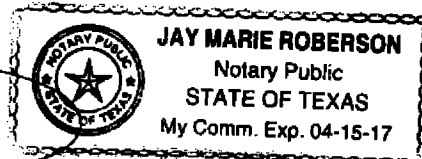


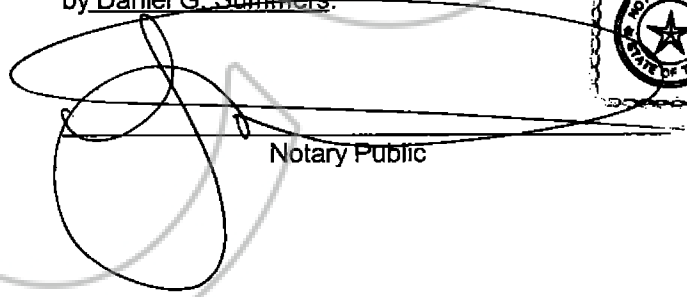
Daniel G. Summers, Surviving Joint Tenant

STATE OF _____ }SS
COUNTY OF Dallas

This instrument was acknowledged before me on 12/21/2016
Jay Marie Roberson

by Daniel G. Summers





Notary Public

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3200841001164

STATE FILE NUMBER		DATE OF CALIFORNIA USE (BLACK INK ONLY / NO ENGLISH, SPANISH OR ABBREVIATIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARY		MCDONNELL		SUMMERS	
4. ALSO KNOWN AS (Include full AKA (FIRST, MIDDLE, LAST))		4. DATE OF BIRTH (m/d/yyyy)		5. AGE Yrs.	
		11/27/1955		52	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		-0293		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (in Year of Death)		7. DATE OF DEATH (m/d/yyyy)		8. HOUR (24-Hours)	
MARRIED		03/19/2008		2050	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATIN/AMERICAN/SPANISH? (If yes, see instruction on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
EXECUTIVE		COMPUTER MANUFACTURE		20	
20. DECEDENT'S RESIDENCE (Street and number or location)					
82 LINDEN AVENUE					
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
ATHERTON		SAN MATEO		CA	
23. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
DANIEL SUMMERS, HUSBAND		82 LINDEN AVE., ATHERTON, CA 94027			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DANIEL		GERARD		SUMMERS	
31. NAME OF FATHER - FIRST		32. MIDDLE		34. BIRTH STATE	
GEORGE		PATRICK		CHINA	
33. NAME OF MOTHER - FIRST		36. MIDDLE		38. BIRTH STATE	
DIANNE		EVELYN		CA	
35. DISPOSITION DATE (m/d/yyyy)		40. PLACE OF FINAL DISPOSITION			
03/28/2008		RES DANIEL SUMMERS 82 LINDEN AVE, ATHERTON, CA 94027			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
BAY AREA CREMATION & FUNERAL SE		FD1741		SCOTT MORROW, MD	
47. DATE (m/d/yyyy)		48. IF OTHER THAN HOSPITAL, SPECIFY ONE			
03/27/2008		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
101. PLACE OF DEATH		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		103. CITY	
OWN RESIDENCE		82 LINDEN AVE.		ATHERTON	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
SAN MATEO					
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - diseases, injuries, or complications -- that directly caused death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or vasculature laceration without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Death and Death	
CARDIO RESPIRATORY ARREST		METASTATIC UTERINE CANCER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. METASTATIC UTERINE CANCER		111. USED IN DETERMINING CAUSE?		112. USED IN DETERMINING CAUSE?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent, Altered Since		Decedent Last Seen Alive		MALLORY MIAO ZHANG M.D.	
02/13/2006		03/11/2008		A79795	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER			
MALLORY MIAO ZHANG M.D.		A79795			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE (m/d/yyyy)	
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		03/26/2008	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE (m/d/yyyy)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
SCOTT MORROW, MD		APR 07 2008		HEALTH OFFICER AND REGISTRAR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN MATEO

DATE ISSUED

APR 07 2008

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.



Scott Morrow, MD
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR



This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.