

Recording Requested By:
Go Properties, Inc.
(Without Title Examination)
Eric Wyatt Space
48 Lusscroft Rd.
Wantage, NJ 07461
Escrow #10721

DOUGLAS COUNTY, NV **2020-948643**
Rec:\$40.00
\$40.00 Pgs=4 **07/06/2020 08:53 AM**
GO PROPERTIES
KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH – CONTINUOUS MARRIAGE

MERIAL J. COFFEEN is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of California:

1. WARREN B. COFFEEN is the person referenced in the attached certified copy of the Certificate of Death who died on January 5, 2019 in at Roseville, California.
2. WARREN B. COFFEEN is the same person who was named as a Grantee in that certain Grant, Bargain, Sale Deed dated July 27, 2004, and recorded July 30, 2004 as #0620154, Book 0704 Page 13034, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A" AND "EXHIBIT B"
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That WARREN B. COFFEEN and MERIAL J. COFFEEN were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of WARREN B. COFFEEN.

Date: 4/14/2020

AFFIANT(S):

Merial J. Coffeen
MERIAL J. COFFEEN

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Signed, Sealed and Delivered in the Presence Of:

STATE OF: CALIFORNIA

COUNTY OF: SACRAMENTO

ON THE 14th DAY OF APRIL, 20 20, before me, MEGAN K. CORREA, a Notary Public, personally appeared MERAL J. COFFEEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons(s) whose names(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ ~~they~~ executed the same in ~~his~~ ~~her~~ ~~their~~ authorized capacity(ies), and that by ~~his~~ ~~her~~ ~~their~~ signature(s) on the instrument the persons(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:
Signature: [Signature]
A Notary Public in and for said State
My Commission Expires: 09/01/2022

Press Notarial Seal/Stamp Here



EXHIBIT "A"

(37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 201 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week every other year in the ODD -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-112

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
AUBURN, CALIFORNIA

3052019002757

CERTIFICATE OF DEATH

3201931000042

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
WARREN		COFFEEN	
AKA, ALSO KNOWN AS - Include MARRIAGE FIRST, MIDDLE, LAST		4. DATE OF BIRTH mm/dd/yyyy	
		06/30/1934	
9. BIRTH STATE/FOREIGN COUNTRY		5. AGE Yrs.	
OREGON		84	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
7237		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level Degree (see worksheet on back)		12. MARITAL STATUS (SDP) as of Date of Death	
BACHELOR		MARRIED	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		7. DATE OF DEATH mm/dd/yyyy	
ADMINISTRATOR		01/05/2019	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		0047	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		18. YEARS IN OCCUPATION	
CAUCASIAN		38	
16. KIND OF BUSINESS OR INDUSTRY (e.g., primary store, road construction, employment agency, etc.)		18. DECEDENT'S RESIDENCE (Street and number, or location)	
SACRAMENTO COUNTY		3079 PONTE MORINO DRIVE, APT 210	
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY	
3079 PONTE MORINO DRIVE, APT 210		CAMERON PARK	
22. COUNTY/PROVINCE		23. ZIP CODE	
EL DORADO		95682	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
3		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or unit number, street name and city)	
MERIAL COFFEEN, WIFE		3079 PONTE MORINO DRIVE, APT 210, CAMERON PARK, CA 95682	
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST		29. MIDDLE	
MERIAL		JEAN	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT-FIRST	
HURST		WARREN	
32. MIDDLE		33. LAST	
RUSCOE		COFFEEN	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT-FIRST	
IL		EVELYN	
36. MIDDLE		37. LAST (BIRTH NAME)	
HENRIETTA		KEYTE	
38. BIRTH STATE		39. PLACE OF FINAL DISPOSITION RESIDENCE OF MERIAL COFFEEN	
OR		3079 PONTE MORINO DRIVE, APT 210, CAMERON PARK, CA 95682	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF MERIAL COFFEEN		41. TYPE OF DISPOSITION(S)	
3079 PONTE MORINO DRIVE, APT 210, CAMERON PARK, CA 95682		CR/RES	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
TRIDENT SOCIETY		FD1909	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
ROBERT LEE OLDHAM, MD		01/10/2019	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL - ROSEVILLE		<input checked="" type="checkbox"/> P <input type="checkbox"/> EXOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. CITY	
PLACER		ROSEVILLE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. COUNTY	
1600 EUREKA ROAD		ROSEVILLE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation unless showing the etiology. DO NOT abbreviate.		The alleged manner of death is:	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DYS.	
A) CARDIORESPIRATORY FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B) CONGESTIVE HEART FAILURE		109. BIOPSY PERFORMED?	
C) _____		MOS.	
D) _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E) _____		110. AUTOPSY PERFORMED?	
F) _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
G) _____		111. USED IN DETERMINING CAUSE?	
H) _____		<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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
COMFORT CARE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, THORACIC AORTIC ANEURYSM, HISTORY OF PULMONARY EMBOLISM, AXONAL PERIPHERAL NEUROPATHY, SPINAL STENOSIS		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. 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	
Decedent: Attended Since _____ Decedent: Last Seen Alive _____		JOHN EVERT LANTERMAN M.D.	
116. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
QINGWEN ZHENG M.D.		A62238	
118. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
QINGWEN ZHENG M.D.		01/09/2019	
118. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INFLUENCED AT WORK?	
QINGWEN ZHENG M.D.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (If same which resulted in injury)		124. HOUR (24 Hours)	
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		CENSUS TRACT	
A B C D E		"010091004088601"	

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED

DEC 16 2019

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE