DOUGLAS COUNTY, NV Rec:\$40.00

2023-994618 03/13/2023 10:24 AM

PAUL C. KOZLOW, ATTY

Pgs=8

Total:\$40.00



This document is being (re-)recorded to correct document # , and is correcting

Recording Requested by: Michael K. Lamond

AND WHEN RECORDED, RETURN TO:

MOHAN HARRIS RUIZ LLP 3439 Brookside Road, Suite 208 Stockton, CA 95219

MAIL TAX STATEMENTS TO: Michael K. Lamond 3920 Glen Abby Circle Stockton, CA95219

## AFFIDAVIT OF DEATH OF TRUSTEES

I, MICHAEL K. LAMOND, of legal age being first duly sworn, depose and say:

EVELYN J. LAMOND was the one of the Trustees of THE LAMOND FAMILY REVOCABLE TRUST executed on June 1, 2004, as Restated March 2, 2011. EVELYN J. LAMOND died on July 26, 2013, and she is the same EVELYN JEAN LAMOND as the decedent in the attached copy of the Certificate of Death.

DONALD E. LAMOND was also one of the Trustees of THE LAMOND FAMILY REVOCABLE TRUST executed on June 1, 2004, as Restated March 2, 2011. DONALD E. LAMOND died on March 24, 2018, and he is the same DONALD EWAN LAMOND as the decedent in the attached copy of the Certificate of Death.

JOHN D. LAMOND became the Successor Trustee of THE LAMOND FAMILY

REVOCABLE TRUST executed June 1, 2004, as Restated March 2, 2011. JOHN D. LAMOND

died on March 12, 2021, and he is the same JOHN DONALD LAMOND as the decedent in the

attached copy of the Certificate of Death.

As a result of the deaths of EVELYN J. LAMOND, DONALD E. LAMOND and JOHN

D. LAMOND, I became the Successor Trustee of the LAMOND FAMILY REVOCABLE TRUST

executed June 1, 2004, as Restated March 2, 2011.

I declare that THE LAMOND FAMILY REVOCABLE TRUST executed June 1, 2004, as

Restated March 2, 2011, was not revoked or terminated during EVELYN J. LAMOND, DONALD

E. LAMOND or JOHN D. LAMONDs' lifetime, and that said trust is still in full force and effect.

The following described real property in the County of Douglas, State of Nevada is trust

real property more particularly described as follows:

PARCEL NO. 1

Lot 132, as shown on the official Plat of PINEWILD UNIT NO. 2, A CONDOMINIUM, filed

for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973,

as Document No. 69660.

APN 05-212-84-0

Affidavit – Death of Trustee

## PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as "Restricted Common Area" on the Sub-division Map referred to in Parcel No. 1 above.

### PARCEL NO. 3

An undivided interest as tenants in common as such interest is set forth in Book 377, at Page 417 thru 421, of the real property described on the Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions, and Restrictions of Pinewild, A Condominium project, recorded March 11, 1974, in Book 374 of Official Records at Page 193, and Supplement to Amended Declaration of Covenants, Conditions, and Restrictions of Pinewild, a Condominium Project, recorded March 9, 1977, in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

## PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

32 Pinewild, Zephyr Cove, NV 89448 More Commonly Known As:

Assessor's Parcel Number 1315-15-111-084

and was held in the name of DONALD E. LAMOND and EVELYN J. LAMOND as Trustees of THE LAMOND FAMILY REVOCABLE TRUST, executed on June 1, 2004, as Restated March 2, 2011, as to a one-third interest only, and recorded on September 7, 2004, in the official records of Douglas County, Nevada, as Document No. 0623482, Book 0904, Page 1819.

I, MICHAEL K. LAMOND, now hold title to the above-described real property as Successor Trustee of THE LAMOND FAMILY REVOCABLE TRUST.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and that this was executed on Zal, at Stockton, California.

THE LAMOND FAMILY REVOCABLE TRUST

MICHAEL K. LAMOND, Successor Trustee

## **ACKNOWLEDGMENT (JURAT)**

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.

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN

) )SS.

Subscribed and sworn to (or affirmed) before me on <u>December 2, 2022</u>, by, <u>MICHAEL K. LAMOND</u>, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SIGNATURE



# **SAN JOAQUIN COUNTY**

PUBLIC HEALTH SERVICES STOCKTON, CALIFORNIA

	3052018067199	CERTIFICAT STATE OF C	E OF DEATH	3201839	J01306			
	STATE FILE NUMBER	USE BLACK DIK ONLY / NO ERASUR VS-1 Incr		LOCAL REGISTRA	TION NUMBER			
i	1. NAME OF DECEDENT-FIRST (Given) DONALD	2. MIDDLE EWAN	3. LAST (Family) LAMOND		1 1			
ATA	AKA, ALSO KNOWN AS - Include for AKA (FIRST, MIDDLE, LAS	t .	4. DATE OF BIRTH mm/dd/coyy 5, AGE	YmIF UNDER ONE YEAR	IF UNDER 24 HOURS 6, SEX			
¥ .			02/20/1927 91	Months Days	Hours Minutes M			
320	S. BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECU	JRITY NUMBER 11. EVER IN U.S. ARMED	FORCES? 12. MARITAL STATUS/SROP* (al Ti	me of Death 7. DATE OF DEATH IN	um/dd/coyy 8. HOUR (24 Hours)			
DECEDENT'S PERSONAL DATA	CANADA 97	793   NES X NO	□ uwk WIDOWED	03/24/2018	0837			
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GED	PROFESSIONAL L YES		X № CAUCASIAN					
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, 핑	1313 W. LINCOLN ROAD							
USUAL RESIDENCE	21. CMY	22, COUNTY/PROVINCE	23. ZIP CODE Z4. YEARS	IN COUNTY 25. STATE/FORE	IGN COUNTRY			
		SAN JOAQUIN	95207 58					
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP	27. INF	DRIMANT'S MAILING ADDRESS (Street and TRUT 2 WOOD WAY, BETHES	per, or rural route number, city or to	own, state and zip)			
	JOCELYN LAMOND, DAUGHTEF  28. NAME OF SURVIVING SPOUSE/SEDP*-FIRST	<u>`i</u>	and the same of th					
8 E	28. NAME OF SURVIVING SPOUSE/SHUP-FIRST	29. MIDDLE	30, LAST (BIRTH NAME)	\	7			
DP A	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33. LAST		34. EJRIH STATE			
INFO	WILLIAM	GOW	LAMOND	TH NAME) 38, BIRTH STATE				
SPOUSE/SRDP AND PARENT INFORMATION	35. NAME OF MOTHER/PARENT-FIRST	38. MIDDLE	37. LAST (BIRTH NAME)		38, BIRTH STATE			
	MYRTLE	-	LANG	<u></u>	SCOTLAND			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	89. DISPOSITION DATE mm/od/ccyy 40. PLACE OF FINAL	DISPOSITION RESIDENCE OF	MIKE LAMOND	/				
	03/28/2018 1313 W. LIN	NCOLN ROAD, STOCKTO 42. SIGNATURE OF EM	76.	<del></del>	43. LICENSE NUMBER			
L DIF	CR/RES	NOT EMB	5 2	/				
JERA CAL	44. NAME OF FUNERAL ESTABLISHMENT CASA BONITA FUNERAL HOME		46. SIGNATURE OF LOCAL REGISTRAR	. 50	47. DATE mm/dd/ccyy			
출끄	CASA BONITA FUNERAL HOME	FD2107	▶ KISMET BALDWIN, I	иd мен 🎒	03/28/2018			
0.	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPIT				
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PHYSICIAN'S CAUSE OF DEATH CERTIFICATION	103. FACILITY ADD SAN JOAQUIN  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FACILITY ADD 109. CAUSE OF DEATH  109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 114. OF DEATH 115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D. 1171. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1171. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1172. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1174. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1175. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY. 1184. OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY. 1195. CAUSE OF DEATH OF DEATH OCCUPY. 1196. CAUSE OF DEATH OF DEATH OCCUPY. 1197. CAUSE OF DEATH OCCUPY. 1197. CAUSE OF DEATH OCCUPY. 1198. CAUSE OF DEATH OCCUPY. 1198. CAUSE OF DEATH OCCUPY. 1199. CAUSE OCCUPY. 1199. CA	INCOLN ROAD  to — decision, hydres, or combinations — that distance area, or verticable florification without shows ER  MEATH BUT NOT RESULTING IN THE UNDERLYS.  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THE 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).	and number, or location)  and number, or location)  and course of death. DO NOT enter terminal events  and cause Given in 107  and date)  EN SAFFIER M.D.  ME, MAILING ADDRESS, ZIP COOF JAMI  JE, STOCKTON, CA 952  ED. 120, INJURED AT WORL  120	108, CIT	TON  108. DEATH REPORTED TO CORCIDER  YES NO  109. BILOPSY PERFORMED?  YES NO  110. AUTOPSY PERFORMED?  YES NO  111. USED IN DETERMINAN COUSE?  YES NO  113. FEMALE PREGNANT IN LIST YEAR  YES NO UNK  JYES NO UNK  JYES NO UNK  JYES NO JUNK  J			
PHYSICIAN'S CAUSE OF DEATH CERTIFICATION	T04. COUNTY SAN JOAQUIN  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FACTILITY ADD.  109. CAUSE OF DEATH  109. PROSTATE CANCE  109. Sequentically, list  109. Sequen	INCOLN ROAD  to — decision, hydres, or combinations — that distance area, or verticable florification without shows ER  MEATH BUT NOT RESULTING IN THE UNDERLYS.  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THE 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).	and number, or location)  and number, or location)  and course of death. DO NOT enter terminal events  and cause Given in 107  and date)  EN SAFFIER M.D.  ME, MAILING ADDRESS, ZIP COOF JAMI  JE, STOCKTON, CA 952  ED. 120, INJURED AT WORL  120	108, CIT	TON  108. DEATH REPORTED TO CORCIDER  YES NO  109. BILOPSY PERFORMED?  YES NO  110. AUTOPSY PERFORMED?  YES NO  111. USED IN DETERMINAN COUSE?  YES NO  113. FEMALE PREGNANT IN LIST YEAR  YES NO UNK  JYES NO UNK  JYES NO UNK  JYES NO JUNK  J			
CAUSE OF DEATH	T04. COUNTY SAN JOAQUIN  107. CAUSE OF DEATH  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FLATE the chinic of cause o	INCOLN ROAD  to — decises, hydres, or combinations — that distancy areal, or verticable florification without shows ERR  EATH BUT NOT RESULTING IN THE UNDERLYS  TEM 107 OR 1127 (if yes, Est type of operation).  SEO 115. SIGNATURE AND TITLE OF CERTIFIED AND THE CAUSES STATEMENT OF CAUSE	and number, or logation)  and you caused death DO NOT enter terminal event grine eliclogy. DO NOT ABBREVATE.  WIS CAUSE GIVEN IN 107  BRAFILER M.D.  ME, MAILING ADDRESS, ZIP CODE JAM.  JE, STOCKTON, CA 952  ED.  Could not be.  Getermined T20. INJURED AT WOR.  determined No.	106, CITY   STOCK	TON  108. DEATH REPORTED TO CORCINER  109. BIOPSY PERFORMED?  VES NO  110. AUTOPSY PERFORMED?  VES NO  111. USED IN DETERMING CAUSE?  VES NO  13A. E FEMALE PREGNANT IN LAST YEAR  VES NO UNK  JMEER 117. DATE mm/dd/ccyy  03/28/2018  VFFIER M.D.  TE mm/dd/ccyy  122. HOUFI (24 Hours)			
PHYSICIAN'S CAUSE OF DEATH CERTIFICATION	103. FACILITY ADD SAN JOAQUIN  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FACILITY ADD 109. CAUSE OF DEATH  109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 109. CAUSE OF DEATH 114. OF DEATH 115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D. 1171. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1171. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1172. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1174. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY 06/03/2011  114. I CERTIFY THAT TO THE BEST OF DEATH OCCUPY. 1175. WAS OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY. 1184. OPERATION PERFORMED FOR ANY CONDITION IN PROSTATE CTOMY. 1195. CAUSE OF DEATH OF DEATH OCCUPY. 1196. CAUSE OF DEATH OF DEATH OCCUPY. 1197. CAUSE OF DEATH OCCUPY. 1197. CAUSE OF DEATH OCCUPY. 1198. CAUSE OF DEATH OCCUPY. 1198. CAUSE OF DEATH OCCUPY. 1199. CAUSE OCCUPY. 1199. CA	INCOLN ROAD  to — decision, hydres, or combinations — that distance area, or verticable florification without shows ER  MEATH BUT NOT RESULTING IN THE UNDERLYS.  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THE 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).  THEM 167 OR 1127 (if yes, Est type of operation).	and number, or logation)  and you caused death DO NOT enter terminal event grine eliclogy. DO NOT ABBREVATE.  WIS CAUSE GIVEN IN 107  BRAFILER M.D.  ME, MAILING ADDRESS, ZIP CODE JAM.  JE, STOCKTON, CA 952  ED.  Could not be.  Getermined T20. INJURED AT WOR.  determined No.	108, CIT	TON  108. DEATH REPORTED TO CORCINER  109. BIOPSY PERFORMED?  VES NO  110. AUTOPSY PERFORMED?  VES NO  111. USED IN DETERMING CAUSE?  VES NO  13A. E FEMALE PREGNANT IN LAST YEAR  VES NO UNK  JMEER 117. DATE mm/dd/ccyy  03/28/2018  VFFIER M.D.  TE mm/dd/ccyy  122. HOUFI (24 Hours)			
CORONER'S USE ONLY CENTRICATION CAUSE OF DEATH	TOS. FACILITY ADD  TOS. CAUSE OF DEATH  TOS. CAUSE	INCOLN ROAD  s. — deetise, hurles, or combositions — that discovered the state of t	and number, or logation)  and number, or logation)  and you caused death DO NOT enter terminal event grine eliclogy. DO NOT ABBREWATE.  NG CAUSE GIVEN IN 107  ER  SAFFIER M.D.  ME, MAILING ADDRESS, ZIP COOE JAMI JE, STOCKTON, CA 92  JE, STOCKTON, CA 92  JE, STOCKTON, CA 93  determined 120, INURED AT WOR determined 170, INURED AT WOR determined 170, INURED AT WOR  AND DESCRIPTION OF THE PROPERTY	106, CITY   STOCK     106, CITY   STOCK     107   STOCK	TON  108. DEATH REPORTED TO CORCINER  109. BIOPSY PERFORMED?  VES NO  110. AUTOPSY PERFORMED?  VES NO  111. USED IN DETERMING CAUSE?  VES NO  13A. E FEMALE PREGNANT IN LAST YEAR  VES NO UNK  JMEER 117. DATE mm/dd/ccyy  03/28/2018  VFFIER M.D.  TE mm/dd/ccyy  122. HOUFI (24 Hours)			
CORONER'S USE ONLY CERTIFICATION CAUSE OF DEATH	TOS. FACILITY ADD  TOS. CAUSE OF DEATH  TOS. CAUSE	INCOLN ROAD  s. — deetise, hurles, or combositions — that discovered the state of t	and number, or logation)  and you caused death DO NOT enter terminal event grine eliclogy. DO NOT ABBREVATE.  WIS CAUSE GIVEN IN 107  BRAFILER M.D.  ME, MAILING ADDRESS, ZIP CODE JAM.  JE, STOCKTON, CA 952  ED.  Could not be.  Getermined T20. INJURED AT WOR.  determined No.	106, CITY   STOCK     106, CITY   STOCK     107   STOCK	TON  108. DEPTH REPORTED TO CORCIDER  109. BIOPSY PERFORMED?  VES NO  110. AUTOPSY PERFORMED?  YES NO  111. USED IN DETETRATIONS CLUSE?  YES NO UNK  118. F FEMALE PREGNATT IN LUST YEAR.  YES NO UNK  JUNEAU NO UNK  JU			

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN ∫ CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED: MAR 2 9 2018

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# **SAN JOAQUIN COUNTY**

PUBLIC HEALTH SERVICES STOCKTON, CALIFORNIA

	'	CERTIFICATE OF DE	EATH	3201339002	647			
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)	USE BLACK MIK ONLY / NO ERASURES, WHITEOUTS VS-1 MEREY 3:06) 2. MIDDLE	10 1 4(41 400)		OCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	EVELYN	JEAN	AN LAMOND					
	AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		0F BJRTH mm/dd/ccyy 5, AGE Yrs. F 1/1928 85 Mai	UNDER ONE YEAR FL	NDER 24 HOURS 6 SEX			
	9. BIRTH STATE/FOREIGN COUNTRY CANADA 9088	YES X NO UNK	12. MARITAL STATUS/SRDP* (ALTYMA of Death) 7. MARRIED C	7/26/2013	1415			
EDENT	13. EDUCATION - Highest Level/Degree   14/15. WAS DECEDENT HISPANS (566) 40/15/1661 of batch)   PROFESSIONAL   YES	X NO	WHITE	DB 4259G (SBB WO-425BE) DI	\ \			
DEC	17. USUAL OCCUPATION - Type of work for most of life. DO NOT US HOMEMAKER	SE RETIRED 18, KIND OF BUSINESS OR IN HOMEMAKING	VDUSTRY (e.g., grocery store, road construction	i, employment agency, etc.)	19. YEARS IN OCCUPATION			
	20. DECEDENT'S RESIDENCE (Street and number, or location) 1313 W. LINCOLN RD.		,			<b>V</b> .		
= 7 7 1	21 CITY 22, C	COUNTY/PROVINCE 23. ZIP		25. STATE/FOREIGN C		1		
7. HE	STOCKTON SA	AN JOAQUIN 952	07 54  ALING ADDRESS (Street end number, or rural no NCOLN RD., STOCKTO)	CALIFORN!	75	1		
INFO:3-	DONALD LAMOND, HUSBAND 28. NAME OF SURVIVING SPOUSE/SROPFIRST	1313 W. LII	T30 LAST (BIRTH NAME)	N, CA 95207		\ \ \		
SPOUSE/SADP AND PARENT INFORMATION	DONALD	EWAN	LAMOND	\		1		
	31. NAME OF FATHER/PARENT-FIRST JOHN	32 MIDDLE	33. LAST COUPER		SCOTLAND	1		
	35. NAME OF MOTHER/PARENT-FIRST	38. MIDDLE	37. LAST (BIRTH NAME)	1	38. BIRTH STATE			
		-  POSITION RES-DONALD LAMONE		/	SCOTLAND			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	07/30/2013 1313 W. LINC	OLN RD., STOCKTON, CA 95 42. SIGNATURE OF EMBALMER	5207		43. LICENSE NUMBER			
	CR/RES	NOT EMBALMED			47. DATE mm/dd/ccyy			
	44. NAME OF FUNERAL ESTABLISHMENT CASA BONITA FUNERAL HOME	The state of the s	REN FURST, MD	<b>5</b>	07/30/2013			
- ä -	101. PLACE OF DEATH RESIDENCE	102_		THER THAN HOSPITAL, S. Nursing Home-LTC	PECIFY ONE  Decadent's Other			
PLACE OF DEATH	TO COUNTY 105 FACELTY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 106 CITY  SAN JOAQUIN 1313 W. LINCOLN RD. STOCKTON							
	107 CAUSE OF DEATH Enter the cheen of events —	diseases, munes, or complications — that directly caused of y errest, or ventroular fibrillation without showing the etiology.	eath. DO NOT enter terminal events such	Time Interval Between Oriset and Death	108. DEATH REPORTED TO CORONER?			
,	IMMEDIATE CAUSE (A) STROKE (Final disease or condition resulting		/	(PA)	X YES			
	In death) Sequentially, list	N .		(BT)	109. BIOPSY PERFORMED? YES X NO			
EATH	conditions, if any, leading to cause on. Line A. Enter UNDERLYING		<del></del>	YRS (cn)	110. AUTOPSY PERFORMED?			
CAUSE OF DEATH	CAUSE (disease or injury that indicated the events (0)		-	(ID)	YES X NO			
	resulting in death) LAST	THE BUT MAY ESCURTAGE IN THE LIMITED WAY. CALLED	BATH IN 107		YES NO			
*************	112 OTHER SIGNAF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  DIABETES MELLITUS II, CHRONIC RENAL INSUFFICIENCY  113 WAS OPERATION PERFORMED FOR ANY CONCITION IN ITEM 107 ON 1127 (If yee, 1-st type of operation and date)  114 WAS OPERATION PERFORMED FOR ANY CONCITION IN ITEM 107 ON 1127 (If yee, 1-st type of operation and date)  115 WAS OPERATION PERFORMED FOR ANY CONCITION IN ITEM 107 ON 1127 (If yee, 1-st type of operation and date)							
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM	FEVALE PRESHANT IN LAST YEAR?  YES X NO UNK						
YSICIAN'S THEICATION	114. I CEPTHY THAT TO THE BEST OF MY PROWLEDGE DEATH - COURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115 SIGNATURE AND TITLE OF CERTIFIER		C62561	R 117. DATE mm/dd/ccyy			
	114.1 EBFTIPY THAT TO THE BEST OF MY YAMALDDE DEATH - COURRED AT THE HOUR, DATE, AND PACES STATED FROM THE CHURSES GAPTE.   Decembert Attended Sincs   Decembert Lest Seen Alive   Decembert Lest Se	DAVID CHING LIM M.D.	ADDRESS. ZIP CODE DAVID CHI	G63561 NG LIM M.D.	07/30/2013			
ᇤ	119.1 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 min/dd/ccyy 122, HOUR; (24 Hours)							
E ONLY	MANNER OF DEATH Natural Accident Homical	Suicide Pending Could not determine	ibe Ves Duo Dias	<b>I</b>				
	123. PLACE OF INJURY (e.g., home, construction sale, wooded area, etc.)							
:R'S US	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in ri <sub>u</sub> uy)							
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number, or sociation, and city, and zip)							
	126 SIGNATURE OF CORONER / DEPUTY CORONER 127 DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
Name of Street, or other Persons.	ATE A B C I	D E ותווינווות וותווינוות ב	TOTAL COLUMN TO A DESCRIPTION OF THE COLUMN	FAX AUTH.#				
	STRAR B C	-						
No.	OE.	EDITIEIED CODY OF VITAL	DECORDS		# O O O D	J 4 Z J		

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN }

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JUL 31 2013 DATE ISSUED:

LOCAL REGISTRAR



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