

APN # 005-210-06

Recording Requested By:

Name S B Grant & E B Franklin LLC

Address Suite 202 #431,  
29080 SW Town Center Way East  
City/State/Zip Wilsonville OR 97070

BOOK 436 PAGE 174-177

OFFICIAL RECORDS

RECORDED AT THE REQUEST OF

S B Grant & E B Franklin

2005 MAY 22 AM 8:55

EUREKA COUNTY, NEVADA

M.N. REBALEATI, RECORDER

FILE NO.

FEES 17.00

**204784**

Affidavit - Death of Joint Tenant  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL  
THIS DEED AND MAIL TAX  
STATEMENTS TO:

S B Grant & E B Franklin LLC  
Suite 202#431  
29030 SW Town Center Loop East  
Wilsonville, OR 97070-5499

## AFFIDAVIT – DEATH OF JOINT TENANT

Anni Else Roberts, of legal age, being first duly sworn, deposes and says:

That David L. Roberts, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David L. Roberts named as one of the parties in that certain Deed dated June 2, 1975, executed by Cattleman's Title Guarantee Company to David L. Roberts and Anni Else Roberts as joint tenants, recorded as instrument No. 59984, on June 6, 1975, in Book 51, Page 403, of the Official Records in the Office of the County Recorder of Eureka County, State of Nevada, concerning the following described real property situated in the County of Eureka, State of Nevada, to wit:

See Attached Exhibit 'A' Made A Part Hereof by Reference.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 20,000.

Executed on May 3, 2006 at Puyallup Wa  
(MONTH) (DAY) (YEAR) (CITY AND STATE)

I declare under penalty of perjury that the foregoing is true and correct.

Anni E Roberts  
Anni Else Roberts

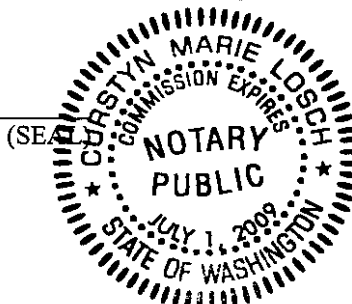
State of Washington  
County of Pierce

On May 3, 2006 before me, Christyn M. Losch, Notary Public  
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Anni Else Roberts personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and sworn 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 person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Christyn M. Losch  
Signature (NOTARY PUBLIC)



## EXHIBIT 'A'

**Assessor's Parcel Number: 005-210-06**

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 15: NE  $\frac{1}{4}$  SW  $\frac{1}{4}$  NE  $\frac{1}{4}$

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

# COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/96)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>DAVID</b>		3. LAST (Family) <b>ROBERTS</b>	
2. MIDDLE <b>LORENZ</b>		4. DATE OF BIRTH mm/dd/yyyy <b>08/23/1932</b>	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>73</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>OH</b>		12. MARITAL STATUS (at Time of Death) <b>Married</b>	
10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/27/2005</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) <b>1045</b>	
13. EDUCATION - Highest Level/Career (see worksheet on back) <b>Some College</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>White</b>	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Assembly Technician</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Aerospace</b>		19. YEARS IN OCCUPATION <b>27</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>14728 Mansel Avenue</b>			
21. CITY <b>Lawndale</b>		23. ZIP CODE <b>90260</b>	
22. COUNTY/PROVINCE <b>Los Angeles</b>		24. YEARS IN COUNTY <b>43</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>Annie Roberts - Wife</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>14728 Mansel Avenue Lawndale, CA 90260</b>		28. NAME OF SURVIVING SPOUSE - FIRST <b>Annie</b>	
29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>Klemm</b>	
31. NAME OF FATHER - FIRST <b>Sherman</b>		32. MIDDLE <b>-</b>	
33. LAST <b>Roberts</b>		34. BIRTH STATE <b>OH</b>	
35. NAME OF MOTHER - FIRST <b>Vernona</b>		36. MIDDLE <b>-</b>	
37. LAST (Maiden) <b>Marsh</b>		38. BIRTH STATE <b>UNK</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>12/30/2005</b>		40. PLACE OF FINAL DISPOSITION <b>At Sea off the Coast of Los Angeles County</b>	
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <i>Cherylanne Han</i>	
43. LICENSE NUMBER <b>8715</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>Rice Mortuary</b>	
45. LICENSE NUMBER <b>FD 1113</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas La...</i>	
47. DATE mm/dd/yyyy <b>12/30/2005</b>		48. SIGNATURE OF LOCAL REGISTRAR <i>Thomas La...</i>	
101. PLACE OF DEATH <b>Little Co. of Mary Pavilion</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY <b>Los Angeles</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>4320 Maricopa Street</b>		106. CITY <b>Torrance</b>	
107. CAUSE OF DEATH 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 without showing the etiology. DO NOT ABBREVIATE. <b>Cardiac Arrest</b>		108. DEATH REPORTED TO CORONER? Time interval Between Death and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO hours	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) <b>Arteriosclerotic Coronary Heart Disease</b>		(B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO years	
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>Arteriosclerotic Coronary Heart Disease</b>		(C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED?	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>Peripheral Vascular Disease, Ischemic Limb</b>		(D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE?	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>Right Below Knee Amputation 12/23/2005</b>		(E) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 113A. IF FEMALE, PREGNANT IN LAST YEAR?	
114. 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 mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy <b>12/27/2005 12/27/2005</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jofel Yan, M.D.</i> 116. LICENSE NUMBER <b>6074074</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>Jofel Yan, M.D. 4320 Maricopa Torrance, CA 90503</b>		118. DATE mm/dd/yyyy <b>12/29/2005</b>	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <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 (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. # 798-9423 \* H D O 3 4 3 9 3 7 \*

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

**204784**

DATE ISSUED

Director of Health Services and Registrar

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This copy is void unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

