# FIRST AMERICAN FITALE CO.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2003 AUG 25 PM 4: 33

WERNER CHRISTEN

RECORDER

A.P.N.:

1220-21-110-043

File No:

142-2083051 (KM)

When Recorded, Mail Tax Statements To: **Patty Moss** c/o Carolyn Danieli 760 West 20th Street Merced, CA 95340

A.P.N.: 1220-21-110-043

### AFFIDAVIT - TERMINATING JOINT TENANCY

Patty Moss, of legal age, being first duly sworn, deposes and says:

Delphos/ That **Duane Moss**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Duane Moss named as one of the parties in that certain Dead of Trust dated August 26, 1996 executed by David D. Moss and Marie B. Moss, husband and wife to Duane Moss and Patty Moss, husband and wife as joint tenants as joint tenants, recorded as Document No. 396023 on September 10, 1996 in Book 996 Book 975 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

Lot 34 as set forth on the Final Map of TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, at Page 2192, as Document No. 334956.

**Patty Moss** 

STATE OF

CALIFORNEA

:55.

**COUNTY OF** 

MIRCED

This instrument was acknowledged before me on

7/22/03 by

**Patty Moss** 

**Notary Public** 

(My commission expires: 5/18

DEANN L. FLORO Commission # 1356965 Notary Public - California **Merced County** My Comm. Expines May 18, 2008

# **COUNTY of MERCED**

## **HEALTH DEPARTMENT**

MERCED, CALIFORNIA

		CI	CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLYNO ERASURES, WHITEOUTS OF ALTERATIONS — VS-11 (REV. 1194)				3199824000559				
STA	TE FILE NUMBER	USE BLACK	INK ONLY/NO ERAS	DRES, WHITEOUTE OF REV. (1/94)	ALTERATIONS	LOCAL REG	STRATION NU	4BER			
	1. NAME OF DECEDENT-FIRST	(GIVEN)	2. MIDDLE	. a special control to a	3 1447 (	CAMILY)	******				
DECEDENT PERSONAL DATA	DELPHOS	* + + + + + + + + + + + + + + + + + + +	DUANE		MOSS						
	4. DATE OF BIRTH MM/DD		MONTHS DAYS	HOURS MINUSES	E 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6/18/1998		5. HOUN 1948			
	05/14/1921 9. STATE OF BERTH 10	. SOCIAL SECURITY NO.	L C 1. MILET	ANT SERVICE	M U	factor of the second	EDUCATIONY				
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	14. RACE	15. HISPANIC	-SPECIFY	takan marati sa	16. USUAL E						
	CAUCASIAN	Yes =		XX	SELF-I	EMPLOYED		The state of the s			
	17. OCCUPATION	100	IS. KIND OF BUSIS	G. 18		2. The same of the	YEARS IN OCCU	PATION			
	OWNER/OPERATOR 20. RESIDENCE—STREET AND			PMENT/TRUCK	ING	للحدث	50				
	2525 CLYDESDAL	3.5	S. Carrier Control		September 1997			-			
USUAL RESIDENCE	ZI, CITY	22.6	OUNTY	23. ZIP	cone, ∗ ∗,	24. TRS IN COUNTY	25. STATE OF F	OREIGN COUNTRY			
	ATWATER	MF	ERCED	953	01	28	CA				
INFORMANT	26. NAME, RELATIONSHIP			27. MAILING ADORESS	163 67 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20 m. 12 m.	all la	OWH. STATE, ZIP)			
	PATRICIA MOSS - WIFE  28. NAME OF SURVIVING SPOUSE FIRST		29. MIDOLE	print 1.15 (\$200 p.m.)	SDALE AVE	ATWATER, CA 95301					
SPOUSE	PATRICIA		ANN		VANN		1				
	31. NAME OF FATHER-FIRS	91.10	32. MIDDLE		33. LAST		1/2	34. BIRTH STATI			
AND PARENT	DELBERT		us <del>u</del> susus di A		HOSS			KS			
NFORMATION	35. NAME OF MOTHER—FIRE	•	36. MIDDLE		37. LAST IMAGE	en ·		38. BIRTH STAT			
	FLORENCE		+		JONES			KS			
DISPOSITION(SI	06/23/1998	CHOWCHILLA D		METERY CU	OWCHILLA,	CA 93610	(A.A.) (B.A.) (B.A.)	Å Å			
FUNERAL	41. TYPE OF DISPOSITION(E)			E OF EMBALMED	owen remai	CA 93010	43, LICENS	E NO.			
DIRECTOR	BU.		Mas	they A	Parou	-0	6655	ý S			
LOCAL REGISTRAR	44. NAME OF FUNERAL DIRE	[일: 40일 41일 및 12일 및 12일 41일 [	45. NEENSE N	4 THE STURE O	TACK BEING	صوله الأ	5.00	M/DO/CCYY			
REGISTRAR	WORDEN FUNERAL	CHAPEL	FD909	LANGE	- 1 12V	( <u>)</u> (2	S 1 (4) (5)	2/199			
PLACE	RESIDENCE - OV	ani	rea	7. Y	S. FACILITY OTHER CONV. TREE		COUNTY MERCED	* ·			
OF DEATH	105. STREET ADDRESS STR		OCATION	OP LIBOAIL	J NOSP L J CAR	106 GT44N	CITY	<del>}</del>			
	2525 CLYDESDAI						ATWATER	:			
	107. DEATH WAS CAUSED OF	( CENTER ONLY ONE C	LUSE PER LINE FOR	A. B. C. AND D)		THE INTERVAL BETWEEN OMSET AND DEATH	IOS. DEATH REPOR	TED TO CORONER			
	IMMEDIATE :	The State of State of	1 143	HE WHAT		AND DEATH	X ves	No.			
	CAUSE (A)	PENDIN	G	LICKIDE	<b>o</b>		388-98				
	DUE TO (B)	No.	4. Will 1885	A	7		IO9. BIÖPSY PER				
	OGE 19 (B) 11 14		**************************************			y **	YES	X NO			
OF	DUE TO (C)		$\mathcal{M}(\mathcal{H}_{m_0}): \mathcal{M}(\mathcal{H}')$				X YES	□ No			
DEATH	· /	V	<u> </u>				111. USED IN DETE				
	DUE TO (D)	No. State				The second	X YES	No.			
	112. OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107										
<i>p</i> -	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IS YES, EAST TYPE OF OPERATION AND DATE.										
		· ·			/						
	114. I CERTIFY THAT TO THE	SEST OF MY KNOWL-	115. SIGNATURE A	O TITLE OF CENTIFE	ER	116. LICENSE NO.	.117, DATE N	M / D D / C € Y Y			
PHYSI- CIAN'S	EDGE DEATH DECURRED AND PLACE STATED FROM DECEDENT ATTENDED SINCE M M / D D / C C Y Y	THE CAUSES STATED.	▶	and the same of th							
CERTIFICA- TION	MM/DD/CCYY	MM / DD/CCYY	118. TYPE ATTEND	NG PHYSICIAN'S NAM	E, MAILING ADDR	ESB. ZIP	•				
	CEPTIFY THAT IN MY	SAINIGH DEATH	120 010001 12 000	K 121 MARE BETE		198					
	I CERTIFY THAT IN MY O OCCURRED AT THE HOU STATED FROM THE CAUS	R. DATE AND PLACE				722. NOUN 128. F	LACE OF INJURY				
	119, MANNER OF DEATH	75.	YES NO		IEVENTS WHICH	RESULTED IN INJUR	Y)				
CORONER'S	X NATURAL SUICIDE	HOMICIDE				4.					
USE	ACCIDENT PENDING										
UNLY	125. LOCATION (STREET AND	NUMBER OR LOCATION	N AND CITY, ZIP)								
	126. SUMMATURE OF CORONI	ER OR DEPUTY CORONS	1 127	DATE MM/DD/CCYY	128, TYEED NA	ME, TITLE OF CORC	NER OR DERITY	CORONER			
	Chan Al	Trues 00	// /	/22/1998	1	Arguelles,					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF MERCED

SS

DATE ISSUED 09/25/1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.  $\omega_{\rm p}$ 

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

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# OBRINISTO-AND OB TIPLE RINGOR



## **HEALTH DEPARTMENT**

MERCED, CALIFÒRNÍA

### PHYSICIAN/CORONER'S AMENDMENT \*\*

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

3199824000559

STATE/LOCAL REGISTRAR USE ONLY	1.		<b>2.</b>		3.		\
PART I	INFORK	AATION TO LOCATE RECO	NRD				
NAME AS IT APPEARS ON RECORD	E AS IT 1. NAME — FIRST (GIVEN)		2. MIDDLE DUANE		3. LAST (FAMILY) MOSS		4. S€X M
ADDITIONAL IFORMATION TO DCATE RECORD		OF EVENT-MM/DD/CCYY /1998	6. CITY OF OCCURRENCE ATWATER	A.	7. COUNTY OF OC	CURRENCE	
PART II		MENT OF CORRECTIONS	A STANDARD WAR	Charles Berger		· Aug	
	B. CERTIFICATE (TEM NUMBER		EARS ON ORIGINAL RECORD		RMATION AS IT SHO		
	107a 107b	PENDING -	2 OF 2	ATHERO	C ARRHYTHMIA SCLEROTIC CAR	DIOVASCULAR	DISEASE
	112	<b>-</b>	<b>7</b> 53.	HYPERT	ENGION, LEFT		
				HYPERC	TING AORTIC A HOLESTEROLEMI	A, CHRONIC	
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			The fact that the state of the state of				
DECLARATION -	11. SiGNA	DECLARS UNDER PENALTY OF PEA	OR CORONER   12 DATE SIGNED	-MM/00/CCYY 1	NO CORRECT TO THE B		
CERTIFYING PHYSICIAN OR CORONER	<b>▶</b> Ø	MESS-STREET AND NUMBER	09/02/		Stephen J. Mo	rris, Deput	
		. 13th Street			Merced	CA	95340
STATE/LOCAL REGISTRAR LUSE ONLY	0	e of state registrar or sign. FFICE OF THE STATE REGISTRAR F VITAL STATISTICS	ATURE OF LOCAL REGISTHAR	1	9. DATE ACCEPTED 09/17		>NMM/DO/Y

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF MERCED

SS

DATE ISSUED 0 9 / 25 / 1 9 9 8

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

Magazet Sleep m
HEALTH OFFICER

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