

OFFICIAL RECORD

Requested By:

ASHLEY MATUZAK

APN: 37-130-05

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ Evergreen Note Servicing  
295 Holcomb Ave Ste 3  
Reno NV 89502

Acct No: 10102270002875

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-1110 PG- 3900 RPIT: 0.00



(Space Above This Line For Recorders Use)

**AFFIDAVIT - DEATH OF JOINT TENANT**

**EILEEN GREEN**, of legal age, being duly sworn, deposes and says:

That, **DAVID M. GREEN**,  
the decedent mentioned in the attached certified copy of Certificate of Death,  
is the same person as **DAVID GREEN**  
named as one of the parties in that certain **Deed of Trust** dated **March 26, 2001**  
executed by **MIGUEL AND JUANA PEREZ** to  
**DAVID GREEN AND EILEEN GREEN**, as joint tenants,  
recorded as instrument No. **0511009**, on **March 26, 2001**, in Book \_\_\_\_\_, Page \_\_\_\_\_, of Official Records of  
**Douglas County, Nevada**, covering the following described property situated in the  
County of **Douglas**, State of Nevada:

**THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST  
1/4 AND THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 17,  
TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.&M., AS THE SAID NORTHEAST  
1/4 OF SAID SECTION 17, AS SHOWN ON THE RECORD OF SURVEY FOR  
TOPAZ RANCH ESTATES, RECORDED JUNE 15, 1966, AS DOCUMENT NO. 32578  
LEGAL DESCRIPTION REFERENCED FROM RECORDED DEED OF TRUST  
DOCUMENT NO. 0511009**

*Eileen Green*  
\_\_\_\_\_  
EILEEN GREEN

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

}  
} ss.  
}

On \_\_\_\_\_ before me, the undersigned, a Notary Public in and for the said  
County and State, personally appeared **EILEEN GREEN** who acknowledged that she executed the above  
instrument



# ACKNOWLEDGEMENT

State of California )  
 )ss.  
County of Orange )

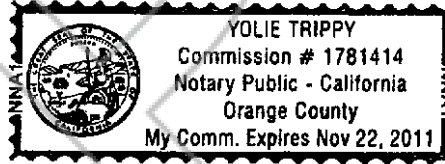
On Oct. 21, 2010 before me, Yolie Trippy, Notary Public, personally appeared Eileen Lee Green

who 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 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 person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Yolie Trippy (Seal)  
Signature of Notary



CERTIFICATE

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA  
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
 CERTIFICATE OF DEATH

DEATH NO.  
 D-102 2008 - 015749

1 NAME OF DECEASED A. FIRST: DAVID B. MIDDLE: M. C. LAST: GREEN			2 SEX: MALE		3 DATE OF DEATH MONTH: FEBRUARY DAY: 22 YEAR: 2008		
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc): WHITE		4B. WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): NO		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC		5. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO	
6. PLACE OF DEATH 6A. COUNTY: MARICOPA 6B. TOWN OR CITY: PEORIA		6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): HOV SUN CITY PCU			6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT		
7. DATE OF BIRTH MONTH: JANUARY DAY: 4 YEAR: 1933		8A. AGE (YEARS LAST BIRTHDAY): 75		8B. IF UNDER 1 YEAR MOS: 8C. IF UNDER 1 DAY HRS MIN		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): EILEEN LEE		11. STATE AND CITY OF BIRTH (If not in USA, name country): CHICAGO ILLINOIS		12. CITIZEN OF WHAT COUNTRY? SPECIFY: USA		13. SOCIAL SECURITY NO: 4856	
14. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): OWNER-OPERATOR		15. USUAL RESIDENCE 15A. STATE: CALIFORNIA 15B. COUNTY: SAN DIEGO 15C. TOWN OR CITY: ESCONDIDO 15D. ZIP CODE: 92026		16. HOW LONG IN ARIZONA?: 21 DAYS		17. EDUCATION HIGHEST GRADE COMPLETED: COLLEGE (1-4 or 5-4): 4	
18. FATHERS NAME A. FIRST: JOSEPH B. MIDDLE: GREEN C. LAST: GREEN		19. MOTHERS MAIDEN NAME A. FIRST: RUTH B. MIDDLE: YOUNG C. LAST: YOUNG		20. ADDRESS STREET NO: PO BOX 9770 CITY AND STATE: RANCHO SANTA FE CA ZIP CODE: 92067		21. INFORMANT'S SIGNATURE EILEEN GREEN	
22. RELATIONSHIP TO DECEASED: WIFE		23. CEMETERY OR CREMATORY - NAME/LOCATION: AZ CREMATION SERVICES MESA AZ		24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION		25. DATE: 2/26/2008	
26. FUNERAL HOME NAME: ALLEN FUNERAL HOME		27. STREET ADDRESS: 11001 N. 99TH AVENUE		28. CITY AND STATE: PEORIA AZ		29. FUNERAL DIRECTOR (If person performing such) (SIGNATURE): TRISTEN KERSTETTER	
30. SIGNATURE AND TITLE: [Signature]		31. DATE SIGNED (Mo., Day, Year): Feb 22, 2008		32. HOUR OF DEATH: 1120 HOURS		33. NAME OF ATTENDING PHYSICIAN (Type or print): GERRIT A. TERPSTRA MD	
34. SIGNATURE AND TITLE: [Signature]		35. DATE SIGNED (Mo., Day, Year):		36. HOUR OF DEATH:		37. PRONOUNCED DEAD (Mo., Day, Year):	
38. ON		39. AUTHORIZED FOR CREMATION (SPECIFY):		40. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		41. MEDICAL EXAMINER'S SIGNATURE: [Signature]	
42. DATE REGISTERED: MAR 03 2008		43. REG FILE NO: 4042		44. REGISTRAR'S SIGNATURE: [Signature]		45. REG. DISTRICT: 0708	
46. DATE RECD IN STATE OFFICE:		47. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): 47A. ASPIRATION PNEUMONIA 47B. DUE TO OR AS A CONSEQUENCE OF: HYPERTENSION 47C. DUE TO OR AS A CONSEQUENCE OF:					
48. POST POLIO SYNDROME		49. AUTOPSY (Specify Yes or No): NO		50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
51. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		52. DATE OF INJURY: MO: DAY: YR: HOUR: M: S:		53. INJURY AT WORK? (Specify Yes or No):		54. DESCRIBE HOW INJURY OCCURRED:	
55. PLACE OF INJURY (At home, farm, street, factory, office building, etc) SPECIFY:		56. WHERE LOCATED? STREET ADDRESS: CITY OR TOWN: STATE:		57. SUPPLEMENTARY ENTRIES:			

08047042

Mar 10, 2008

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*

PATRICIA ADAMS  
 ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT