

151

OFFICIAL RECORD

Requested By:
ALMA WHEAT

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1011 PG-4082 RPTT: 0.00



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT

NAME Rene V. Wheat
Alma Y. Wheat
STREET ADDRESS 1443-D Prospect Ave
CITY, STATE & ZIP CODE Placentia, CA 92870

TITLE ORDER NO APN: 1319-30-618-002 ptn

ESCROW NO

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California

COUNTY OF Riverside

Martha Patricia Garza, of legal age, being first duly sworn, deposes and says:

That Jaime Garza, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jaime Garza named as one of the parties in that certain Doc # 537669 dated 3/8/2002 executed by

page # 8143 Book 302 to Jaime and Martha P. Garza as joint tenants, recorded as Instrument No. Doc 537669 on 3/22/2002 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Stateline, County of Douglas, State of Nevada:

(Insert legal description)
Tahoe Summit Village #2 timeshare Unit # 422 Unit Type B
750 Wells Fargo Lane, Stateline Nevada 89449

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 \$ 1,000.00

Dated this 20th day of October, 2011

(Signature of affiant)

Martha Patricia Garza

(Type or print full name of affiant)

State of California
County of Riverside

Subscribed and sworn to (or affirmed) before me on this 20th day of October, 2011

by, Martha Patricia Garza, proved to me on the basis of personal knowledge to be the person(s) who appeared before me.

(Signature)



(Seal)

* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

MAIL TAX STATEMENT TO: 1443-D Prospect Ave. Placentia, CA 92870

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3201033008874

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAIME		3. LAST (Family) GARZA	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy 08/01/1960	
5. AGE Yrs. 50		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		8. HOUR (24 Hour) 1945	
9. SOCIAL SECURITY NUMBER 0347		10. MARITAL STATUS/SPOF (at Time of Death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/yyyy 09/04/2010	
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN, AMERICAN		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LANDSCAPING		18. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 41751 JAMAICA SANDS DRIVE			
21. CITY BERMUDA DUNES		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92208		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP PATRICIA GARZA, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 5385, LA QUINTA, CA 92248	
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST MARTHA		29. LAST BIRTH NAME WHEAT	
30. MIDDLE PATRICIA		31. LAST BIRTH NAME GARZA	
32. BIRTH STATE MEXICO		33. MIDDLE JULIO	
34. BIRTH STATE TEXAS		35. LAST BIRTH NAME RAMOS	
36. MIDDLE ALICIA		37. BIRTH STATE TEXAS	
38. DATE mm/dd/yyyy 09/08/2010		39. PLACE OF FINAL DISPOSITION RESIDENCE OF PATRICIA GARZA 41751 JAMAICA SANDS DRIVE, BERMUDA DUNES, CA 92203	
40. TYPE OF DISPOSITION CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. LICENSE NUMBER FD 2058		43. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	
44. NAME OF FUNERAL ESTABLISHMENT ROSE MORTUARY		45. DATE mm/dd/yyyy 09/08/2010	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY RIVERSIDE		104. CITY BERMUDA DUNES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 41751 JAMAICA SANDS DRIVE		106. CITY BERMUDA DUNES	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIOPULMONARY ARREST B) CONGESTIVE HEART FAILURE C) RENAL FAILURE D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE		108. DEATH REPORTED TO CORONER (Time Interval Between Cause and Death) MINS: 2010-06867 YEAR: 2010 109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTO BY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
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: Decedent Last Seen Alive: 08/31/2010 09/04/2010		115. SIGNATURE AND TITLE OF CERTIFIER ARVINDER BIR, MD 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARVINDER BIR, MD 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270	
117. LICENSE NUMBER A 91355		118. DATE mm/dd/yyyy 09/08/2010	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.	
A B C D E		CENSUS TRACT	

BK- 1011
PG- 4083
0791395 Page: 2 Of 2 10/24/2011



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

* 034124390 *

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

DATE ISSUED JUN 08 2011

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

Larry W. Ward
LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

