

APN 1220-10-811-013

Douglas County - NV  
Karen Ellison - Recorder

**RECORDING REQUESTED BY AND  
AFTER RECORDING  
MAIL AFFIDAVIT TO:**

Page: 1 Of 3 Fee: 16.00  
BK-0512 PG- 0099 RPTT: 0.00

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423



**MAIL TAX STATEMENTS TO:**

Susan E. Galan  
1016 Riverview Dr.  
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, SUSAN E. GALAN, being duly sworn say:

1. I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death, DANIEL GONZALES GALAN, is the same person as DANIEL G. GALAN, who is named with me as one of the parties in the deed dated 3/31/2009, executed by NATIONSTAR MORTGAGE, LLC, a Limited Liability Company, and granted to DANIEL G. GALAN and SUSAN E. GALAN, husband and wife as joint tenants. This transaction was recorded on 03/31/2009, in Book 309, Page 1 of 3, of Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 81, as Shown on the map of GARDNERVILLE RANCHOS SUBIVISION UNIT NO. 3, filed in the Office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, as Document No. 28310, and amended title sheet recorded June 4, 1965, in Book 1 of Maps, as Document No. 28378, Official Records.

Together with all and singular the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining.

**SUBJECT TO:**

1. General and special taxes for the current fiscal year (2009).
2. Covenants, conditions, restrictions, rights of way, easements, and reservations of record.

2. As a result of the death of my husband, DANIEL GONZALES GALAN, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: March 5, 2012.

*Susan E. Galan*

Susan E. Galan

JURAT

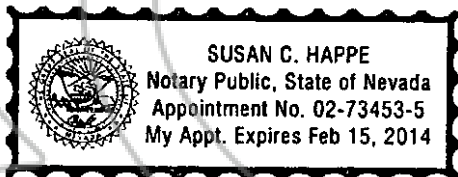
State of Nevada )  
County of Douglas )

Signed and Sworn to before me on MARCH 5, 2012 by SUSAN E. GALAN.

WITNESS my hand and official seal.

*Susan C. Happe*

NOTARY PUBLIC



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

**COUNTY OF FRESNO**  
**FRESNO, CALIFORNIA**

3052011054736

**CERTIFICATE OF DEATH**

3201110001488

1 NAME OF DECEDENT - FIRST (Given) <b>DANIEL</b>		2 MIDDLE <b>GONZALES</b>		3 LAST (Family) <b>GALAN</b>	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4 DATE OF BIRTH mm/dd/yyyy <b>10/14/1949</b>		5 AGE Yrs. <b>61</b>		6 SEX <b>M</b>	
9 BIRTH STATE/FOREIGN COUNTRY <b>MI</b>		10 SOCIAL SECURITY NUMBER <b>9791</b>		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/POP* (at Time of Death) <b>MARRIED</b>		7 DATE OF DEATH mm/dd/yyyy <b>03/20/2011</b>		8 HOUR (24 Hours) <b>0626</b>	
13 EDUCATION - to highest Level/Degree (See worksheet on back) <b>SOME COLLEGE</b>		14/15 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>HISPANIC</b>		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>MEXICAN AMERICAN</b>	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CONSTRUCTION LABORER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>GENERAL CONSTRUCTION</b>		19 YEARS IN OCCUPATION <b>25</b>	
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>1016 RIVERVIEW DRIVE</b>					
21 CITY <b>GARDENERVILLE</b>		22 COUNTY/PROVINCE <b>DOUGLAS</b>		23 ZIP CODE <b>89460</b>	
24 YEARS IN COUNTY <b>2</b>		25 STATE/FOREIGN COUNTRY <b>NV</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>SUSAN GALAN, WIFE</b>			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1016 RIVERVIEW DRIVE, GARDENERVILLE, NV 89460</b>		
28 NAME OF SURVIVING SPOUSE/SPOUSE-TO-BE <b>SUSAN</b>		29 MIDDLE <b>EILEEN</b>		30 LAST BIRTH NAME <b>TICE</b>	
31 NAME OF FATHER/PARENT-FIRST <b>JUAN</b>		32 MIDDLE <b>RIVAS</b>		33 LAST <b>GALAN</b>	
34 BIRTH STATE <b>TX</b>		35 NAME OF MOTHER/PARENT-FIRST <b>TIOFLA</b>		36 MIDDLE <b>GONZALES</b>	
37 LAST BIRTH NAME <b>GONZALES</b>		38 BIRTH STATE <b>MEXICO</b>			
39 DISPOSITION DATE mm/dd/yyyy <b>03/24/2011</b>		40 PLACE OF FINAL DISPOSITION RES- SHELLI GALAN <b>1872 N MC CAFFREY AVENUE, FRESNO, CA 93722</b>			
41 TYPE OF DISPOSITION(S) <b>CR/RES</b>		42 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT <b>CHAPEL OF THE LIGHT</b>		45 LICENSE NUMBER <b>FD1423</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>EDWARD L MORENO, MD</b>	
47 DATE mm/dd/yyyy <b>03/24/2011</b>					
101 PLACE OF DEATH <b>RESIDENCE</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104 COUNTY <b>FRESNO</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>925 N. FAIRFAX</b>		106 CITY <b>FRESNO</b>	
107 CAUSE OF DEATH Enter the chain of events - (diagnosis, injury, or complication) - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation on venous stenting the artery. DO NOT ABBREVIATE. IMMEDIATE CAUSE (a) <b>RESPIRATORY ARREST</b> 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) <b>MYOCARDIAL INFARCTION</b> (c) <b>DIABETES MELLITUS</b>		108 ICD-10 CODE <b>I25</b>		109 DEATH REPORTED TO GOVERNMENT? (a) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IMMEDIATE NUMBER <b>11-03-219</b> (b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110 ALTOUPOY PERFORMED? (c) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>YRS</b> (d) <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 <b>HEPATITIS, ANEMIA</b>					
113 WAS OPERATION/EMPHASIS FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. <b>NO</b>				113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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		115 SIGNATURE AND TITLE OF CERTIFIER <b>STEPHEN MICHAEL GROSSMAN M.D.</b>		116 LICENSE NUMBER <b>G64749</b>	
117 DATE: mm/dd/yyyy <b>03/13/2011</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>STEPHEN MICHAEL GROSSMAN M.D.</b>		117 DATE: mm/dd/yyyy <b>03/24/2011</b>	
118 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"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Drowning <input type="checkbox"/> Involuntarily <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 HOUR (24 Hours)					
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 0512  
PG- 101  
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CERTIFIED COPY OF VITAL RECORDS

\* 000025665 \*

STATE OF CALIFORNIA } SS DATE ISSUED **JUN 17 2011**

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.  
This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

*Paul Dicos*  
**PAUL DICOS, C.P.A.**  
COUNTY RECORDER



FRENCO (Rev) 12/10