

Doc Number: **0836242**

01/02/2014 02:36 PM

OFFICIAL RECORDS

Requested By:
MALVIN JAMES TITUS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0114 Pg: 183



Deputy pk

Assessor's Parcel Number: _____

Recording Requested By: _____

✓ Name: Malvin Titus

Address: 26829 Trumble Rd

City/State/Zip Sun City, CA 92585

Real Property Transfer Tax: \$ _____

Affidavit of Death of Joint Tenant

(Title of Document)

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

This cover page must be typed or legibly hand printed.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA }

SS

COUNTY OF SAN DIEGO }

BEFORE ME, the undersigned Notary Public, personally appeared, Percy James Russell, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Percy J. Russell and I reside at 13366 Portofino Drive Del Mar, CA 92014.

2. I owned real property as a joint tenant with Shirley A Russell, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

Title deed is recorded in Book 284, Page 5202 in the office of the register of deeds in the county and state aforesaid.

3. Shirley A Russell, my joint tenant identified above, departed this life on the 13th day of September, 2009. A copy of the death certificate of Shirley A Russell is attached.

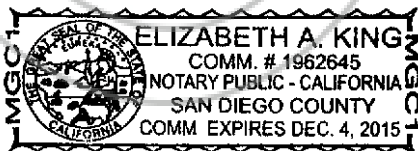
4. On the date of the death of Shirley A Russell, the above described real estate was owned by Percy J. Russell and Shirley A Russell, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.

5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 14th day of December, 2013.

Elizabeth A. King
Notary Public

Percy Russell
Affiant



SWORN TO AND SUBSCRIBED before me this the 14th day of December,
20 13.



Elizabeth A. King
NOTARY PUBLIC

My Commission Expires: Dec 4, 2015

C O R P

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3200937013809

1039

BK 0114 PG 186 1/2/2014

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
SHIRLEY		ADELE		RUSSELL	
4. DATE OF BIRTH mm/dd/yyyy					
11/06/1931		5. AGE Yrs		77	
6. SEX					
F					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CT		-0344		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARRIAGE STATUS (If Type of Death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 Hours)	
MARRIED		09/13/2009		0529	
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)			
AFRICAN, AMERICAN		AFRICAN, AMERICAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
REGISTERED NURSE		HEALTHCARE		4	
20. DECEASED'S RESIDENCE (Street and number or location)					
13366 PORTOFINO DR					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
DEL MAR		SAN DIEGO		92014	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
40		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
PERCY RUSSELL, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
13366 PORTOFINO DR, DEL MAR, CA 92014					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
PERCY		JAMES		RUSSELL	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
HENRY				HARDY	
34. BIRTH STATE		35. BIRTH STATE			
SC		SC			
36. NAME OF MOTHER - FIRST		37. MIDDLE		38. LAST (Maiden)	
RUTH				ARINGTON	
39. DATE OF DISPOSITION mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
09/21/2009		RES: PERCY RUSSELL 13366 PORTOFINO DE, DEL MAR, CA 92014			
41. TYPE OF DISPOSITION (A)		42. SIGNATURE OF EMBALMER			
CR/RES		NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT			
FD-1280		WILMA WOOTEN, MD			
45. DATE mm/dd/yyyy		46. DATE mm/dd/yyyy			
09/21/2009		09/21/2009			
101. PLACE OF DEATH					
RESIDENCE					
102. COUNTY		103. IF HOSPITAL, SPECIFY ONE		104. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN DIEGO		IP <input type="checkbox"/> ERUP <input type="checkbox"/> ODA <input type="checkbox"/>		Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
13366 PORTOFINO DR		DEL MAR			
107. CAUSE OF DEATH					
Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular obstruction without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
METASTATIC CANCER OF LIVER & LUNG					
CANCER OF UNKNOWN PRIMARY SITE					
108. DEATH REPORTED TO CORONER?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
109. BODYPY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
110. AUTOPSY PERFORMED?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. USED IN DETERMINING CAUSE?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NONE					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
GITA MEHTA M.D.		A45647		09/21/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
GITA MEHTA M.D.		GITA MEHTA M.D.			
120. MANNER OF DEATH		121. INJURED AT WORK?		122. HOUR (24 Hours)	
Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>			
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	
C780					

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This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

December 27, 2013 Ernest J. Dronenburg, Jr. Assessor/Recorder/County Clerk

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

