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RECORDING REQUESTED BY
Michael Pearce, Attorney at Law
9381 E Stockton Blvd. Ste 200
Elk Grove, CA 95624

Doc Number: **0845910**

07/09/2014 01:31 PM

OFFICIAL RECORDS

Requested By:
MICHAEL PEARCE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0714 Pg: 1850



Deputy gb

WHEN RECORDED MAIL TO and MAIL ALL
TAX STATEMENTS AND NOTICES TO:

✓ Carol Wellman
614 South Business 35, Suite C
New Braunfels, TX 78130

**AFFIDAVIT – Death of Joint Tenant
SURVIVING SPOUSE SUCCEEDING TO TITLE TO
BY RIGHT OF SURVIVORSHIP**

STATE OF CALIFORNIA
County of Sacramento } ss.

CAROL A. WELLMAN, of legal age, being first duly sworn, deposes and says:

That GLENN LEROY WELLMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLENN L. WELLMAN named as one of the parties in that certain GRANT DEED, dated DECEMBER 25, 2002, executed by GREGORY B. THORPE AND DEBRA F. THORPE, to GLENN L. WELLMAN AND CAROL A. WELLMAN, husband and wife, as joint tenants with right of survivorship, recorded on January 2, 2003, in Book 0103 PAGE 00212 and 00213, Document Number 0562646 of Official Records of DOUGLAS County, State of NEVADA covering the following described property situated in the County of DOUGLAS, State of NEVADA:

the legal description of this property is attached hereto Exhibit A and is fully incorporated herein by this reference

Assessor's Parcel No.: 1318-24-411-012

Dated: MARCH 31, 2014

CAROL A. WELLMAN

Notary Stamp or Seal

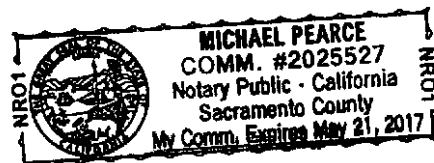
State of California)

County of SACRAMENTO) ss:

Subscribed and sworn to (or affirmed) before me on
this 31 day of MARCH, 2014, by CAROL A. WELLMAN,
proved to me on the basis of satisfactory evidence to be

the person(s) who appeared before me,

Signature



Please mail all Tax statements as requested above.

EXHIBIT A - AFFIDAVIT OF DEATH OF JOINT TENANT

APN 1318-24-411-012

All that certain lot, piece, or parcel of land situate in the County of Douglas, State of Nevada described as follows:

Lot 12, Block F as shown on the official plat of Manzanita Heights, recorded in the Office of the County Recorder of Douglas County, Nevada on November 20, 1979, as Document No. 38934 and amended map recorded October 28, 1985 in Book 1085, Page 2628, Document No. 125839.

TOGETHER WITH an undivided 1/15th interest in and to Lot A (common area), as shown on the official map of Manzanita Heights, filed for record in the Office of the County Recorder of Douglas County, Nevada on November 20, 1979, as Document No. 38934 and amended map recorded October 28, 1985 in Book 1085, Page 2628, Document No. 125839.

TOGETHER WITH a 20' wide access easement for ingress and egress purposes as granted by Kenneth C. Kjer, et ux, in Document recorded October 2, 1979 in Book 1079 of official records at Page 192, Douglas County, Nevada.

A 30' wide utility easement as granted by Kenneth C. Kjer, et ux, in Document recorded October 2, 1979 in Book 1079 of official records at Page 194, official records of Douglas County, Nevada; and

A 5' wide slope easement as deeded by Kenneth C. Kjer, et ux, in Documents recorded August 28, 1979 in Book 879 of official records at Page 2107, Douglas County, Nevada as Document No. 36085.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052013239475 **CERTIFICATE OF DEATH** 3201334010668

1. NAME OF DECEDENT - FIRST (Given) GLENN		2. MIDDLE LEROY		3. LAST (Family) WELLMAN	
4. DATE OF BIRTH mm/dd/yyyy 11/09/1942					
5. AGE Yrs 71					
6. UNDER ONE YEAR Months 0 Days 0		7. UNDER 24 HOURS Hours 0 Minutes 0		8. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7855		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROSP (at Time of Death) MARRIED					
13. DATE OF DEATH mm/dd/yyyy 12/20/2013					
14. HOURS 0405					
15. EDUCATION - Highest Level (Days) (see notes on back) ASSOCIATE <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see notes on back) WHITE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CRIMINAL INVESTIGATOR				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT	
19. YEARS IN OCCUPATION 35					
20. DECEDENT'S RESIDENCE (Street and number, or location) 206 WESTBURY CIRCLE					
21. CITY FOLSOM		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95630	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CAROL WELLMAN, WIFE					
27. INFORMANT'S HOME AND ADDRESS (Street and number, or first four numbers, city or town, state and zip) 206 WESTBURY CIRCLE, FOLSOM, CA 95630					
28. NAME OF SURVIVING SPOUSE/BROD - FIRST CAROL		29. MIDDLE ANN		30. LAST (BIRTH NAME) COATE	
31. NAME OF FATHER/PARENT - FIRST MELVILLE		32. MIDDLE PAGE		33. LAST WELLMAN	
34. BIRTH STATE PA		35. NAME OF MOTHER/PARENT - FIRST FRANCES		36. MIDDLE IONE	
37. LAST (BIRTH NAME) MACK		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 12/26/2013		40. PLACE OF FINAL DISPOSITION RES OF WIFE CAROL WELLMAN 206 WESTBURY CIRCLE, FOLSOM, CA 95630			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY		45. LICENSE NUMBER FD1737		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy 12/26/2013					
101. PLACE OF DEATH OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 206 WESTBURY CIRCLE		106. CITY FOLSOM	
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 fluctuation without showing the etiology. DO NOT ABBREVIATE. (A) METASTATIC PANCREATIC CANCER - PRIMARY					
108. DEATH REPORTED TO CORONER? Chest and Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? Internal Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. LIEB 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 OPEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF PEOPLE PRESENT IN LAST 24 HRS? <input type="checkbox"/> YES <input checked="" 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 CAUSE(S) STATED Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER PHILIP DAUD SARDAR M.D.		116. LICENSE NUMBER C50312	
117. DATE mm/dd/yyyy 11/07/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LI FANG HU M.D. 1600 EUREKA ROAD, ROSEVILLE, CA 95661			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)					
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 0714
 PG 1852
 7/9/2014

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SACRAMENTO } SS



This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **February 3, 2014**

Olivia Kasirye MD
 LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

