

DOC # 848892
09/02/2014 02:29PM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-914 PG-172 RPTT: 0.00



APN# : 1320-32-715-009 &
APN# : 1220-21-510-161

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Ronnie J. Alford
2351 Princeton Avenue
Stockton, CA 95204

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature *R. J. Alford*
Ronnie J. Alford Conservator/Trustee

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



AFFIDAVIT - DEATH OF JOINT TENANT

Ronnie J. Alford, Conservator/Trustee, of The Elouese Perry 2012 Revocable Living Trust, of legal age, being first duly sworn, deposes and says:

That Manuel Perry, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Manuel Perry named as one of the parties in that certain Individual Grant Deed dated 4/15/1992 executed by Dainie J. Rogers, a married woman as her sole and separate property to Manuel Perry and Elouese Perry, husband and wife as community property with rights of survivorship as joint tenants, recorded as instrument No. 276513, on 4/20/1992, in Book 492, Page 3752, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 3, Block A, as said Lot and Block are shown on the Map of CENTERTOWNE SUBDIVISION, P.U.D., filed for record in the office of the County Recorder of Douglas County, Nevada on November 4, 1977, as Document No. 14725, and Certificate of Amendment recorded August 22, 1985, in Book 885, Page 2315, Document No. 121950.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 208, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at page 006, as Document No. 71399.

Dated 8/20/14



The Elouese Perry 2012 Revocable Living Trust

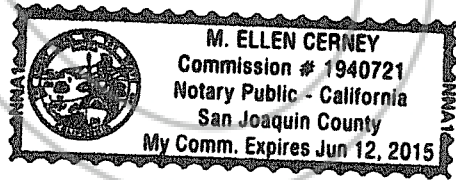
R. Alford
Ronnie J. Alford, Conservator/Trustee

STATE OF California }SS
COUNTY OF San Joaquin

This instrument was acknowledged before me on
August 20, 2014

by Ronnie J. Alford

[Signature]
Notary Public



COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3201039002921

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS
YES-110REY 3/06

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (Given) MANUEL		2. MIDDLE -		3. LAST (Family) PERRY	
4A. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 12/28/1922	
5. AGE Yrs. 87		6. SEX M		7. DATE OF DEATH mm/dd/yyyy 08/27/2010	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2769		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) MARRIED		13. EDUCATION — Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED LUMBER MILL MANAGER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) WHOLESALE LUMBER SALES		17. YEARS IN OCCUPATION 48	
18. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE					
20. DECEDENT'S RESIDENCE (Street and number, or location) 5344 E HOGAN LANE					
21. CITY LODI		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95240	
24. YEARS IN COUNTY 54		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MANUEL T. PERRY, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5344 E HOGAN LANE, LODI, CA 95240		
28. NAME OF SURVIVING SPOUSE/SROP—FIRST ELOUESE		29. MIDDLE EVELYN		30. LAST (BIRTH NAME) STRICKLIN	
31. NAME OF FATHER/PARENT—FIRST UNK		32. MIDDLE UNK		33. LAST PERRY	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT—FIRST UNK		36. MIDDLE UNK	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNKNOWN			
39. DISPOSITION DATE mm/dd/yyyy 09/02/2010		40. PLACE OF FINAL DISPOSITION: CHEROKEE MEMORIAL PARK HWY 99 & HARNEY LANE, LODI, CA 95240			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF ENAMELER VICTORIA MONFORTE		43. LICENSE NUMBER 9080	
44. NAME OF FUNERAL ESTABLISHMENT CHEROKEE MEMORIAL FUNERAL HOME		45. LICENSE NUMBER FD1672		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
47. DATE mm/dd/yyyy 09/01/2010					
101. PLACE OF DEATH ARBOR CONVALESCENT HOSPITAL		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 900 N CHURCH STREET		106. CITY LODI	
107. CAUSE OF DEATH Enter the chain of events — disease, injury, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE RENAL DISEASE 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 CHRONIC RENAL DISEASE HTN		Time Interval Between Death and Death (A) 1 MO (B) YRS (C) YRS (D) YRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 TYPE II DM, LUMBAR DISC DISEASE, OSTEOPOROSIS, 07/22/2010 L2 COMPRESSION FRACTURE WHILE LIFTING WIFE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
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 mm/dd/yyyy 12/05/1961		115. SIGNATURE AND TITLE OF CERTIFIER JAMES STANLEY HOFF M.D.		116. LICENSE NUMBER G50029	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 999 S FAIRMONT AVE STE 135, LODI, CA 95240		117. DATE mm/dd/yyyy 08/31/2010			
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"/> 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. 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	
STATE REGISTRAR		A B C D E		FAX AUTH#	
				CENSUS TRACT	
010001001578771					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN }

SS DATE ISSUED

AUG 21 2014

* 0 0 1 0 3 8 8 6 1 *

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

Kenneth W. Blakemore
KENNETH W. BLAKEMORE, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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

