

DOC # 848895  
09/02/2014 02:55PM Deputy: AR  
**OFFICIAL RECORD**  
Requested By:  
eTRCo, LLC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-914 PG-211 RPTT: 0.00

APN# : 1320-32-715-005

**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   
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 9/25/1992 executed by Jerry P. Blair and Julia A. Blair, husband and wife as joint tenants to Manuel Perry and Elouese Perry, husband and wife as community property with rights of survivorship as joint tenants, recorded as instrument No. 289367, on 9/28/1992, in Book 992, Page 4945, 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 14, 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.

Dated 8/24/14



The Elouese Perry 2012 Revocable Living Trust

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

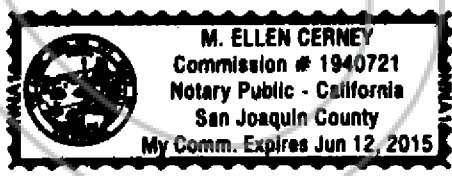
STATE OF California }SS

COUNTY OF San Joaquin

This instrument was acknowledged before me on  
August 20, 2014

by Ronnie J. Alford

*M. Ellen Cerney*  
Notary Public



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

**COUNTY OF SAN JOAQUIN**  
 STOCKTON, CALIFORNIA

**CERTIFICATE OF DEATH**

3201039002921

BK 914  
 PG-214  
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STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MANUEL		PERRY	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		12/28/1922	
5. AGE Yrs.		6. SEX	
87		M	
7. DATE OF DEATH mm/dd/yyyy			
08/27/2010			
8. HOURS (24 Hours)			
0150			
9. BIRTH STATUS-FOREIGN COUNTRY			
CA			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
2769		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS (If the decedent was ever married)		13. MARRIED	
14. EDUCATION - (Highest Level Completed)		15. DECEDENT'S RACE - (Up to 5 races may be listed (see instructions on back))	
HS GRADUATE		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK	
16. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)		17. HIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
LUMBER MILL MANAGER		WHOLESALE LUMBER SALES	
18. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION	
48			
20. DECEDENT'S RESIDENCE (Street and number, or location)			
5344 E HOGAN LANE			
21. CITY		22. COUNTY/PROVINCE	
LODI		SAN JOAQUIN	
23. ZIP CODE		24. YEARS IN COUNTY	
95240		54	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		MANUEL T. PERRY, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or valid street number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SURVIVOR - FIRST	
5344 E HOGAN LANE, LODI, CA 95240		ELOUESE	
29. MIDDLE		30. LAST BIRTH NAME	
EVELYN		STRICKLIN	
31. NAME OF FATHER/PARENT - FIRST		32. LAST	
UNK		PERRY	
33. NAME OF MOTHER/PARENT - FIRST		34. BIRTH STATE	
UNK		UNKNOWN	
35. MIDDLE		36. BIRTH STATE	
UNK		UNKNOWN	
37. LAST BIRTH NAME		38. DATE OF BIRTH	
UNK		UNK	
39. DATE OF BIRTH		40. PLACE OF FINAL DISPOSITION	
09/02/2010		CHEROKEE MEMORIAL PARK	
41. TYPE OF DISPOSITION		42. SIGNATURE OF FUNERAL HOME	
BU		VICTORIA MONFORTE	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
9080		CHEROKEE MEMORIAL FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1672		KAREN FURST, MD	
47. DATE		48. LICENSE NUMBER	
09/01/2010		9080	
49. PLACE OF DEATH			
ARBOR CONVALESCENT HOSPITAL			
50. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> SNUP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
51. COUNTY		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN JOAQUIN		900 N CHURCH STREET	
53. CITY		54. LICENSE NUMBER	
LODI		G50029	
55. DATE		56. SIGNATURE OF LOCAL REGISTRAR	
2010-1710		KAREN FURST, MD	
57. CAUSE OF DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
END STAGE RENAL DISEASE			
58. CHRONIC RENAL DISEASE			
HTN			
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Q109 IN IOT)			
TYPE II DM, LUMBAR DISC DISEASE, OSTEOPOROSIS, 07/22/2010 L2 COMPRESSION FRACTURE WHILE LIFTING WIFE			
60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 59? (If yes, list type of operation and date)			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
61. IF FEMALE, PREGNANT IN LAST YEAR?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CRUICES STATED.		63. SIGNATURE AND TITLE OF CERTIFIER	
12/05/1961		JAMES STANLEY HOFF M.D.	
64. TYPE APPOINTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. LICENSE NUMBER	
JAMES STANLEY HOFF M.D.		G50029	
66. TYPE APPOINTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		67. DATE	
999 S FAIRMONT AVE STE 135, LODI, CA 95240		08/31/2010	
68. 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			
69. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
70. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
71. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
72. LOCATION OF INJURY (Street and number, or location, and city and zip)			
73. SIGNATURE OF CORONER / DEPUTY CORONER		74. DATE	
75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
 COUNTY OF SAN JOAQUIN

SS. DATE ISSUED

AUG 21 2014

\* 001038864 \*

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. Blake*  
 KENNETH W. BLAKEMORE, Recorder  
 SAN JOAQUIN COUNTY, CALIFORNIA

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

FNCO (Rev) 4/13

