DOUGLAS COUNTY, NV

Rec:\$17.00 Total:\$17.00

2015-860111 04/14/2015 10:30 AM

STEVEN ERISMAN

Pas=4

APN: 1420-27-801-024

RECORDING REQUESTED BY:

June E. Erisman 2816 East Valley Rd. Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

June E. Erisman 2816 East Valley Rd. Minden, NV 89423

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA) ss: COUNTY OF B

JUNE E. ERISMAN, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harry L. Erisman named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 6, 1991, executed by Steven W. Erisman, an unmarried man, to Harry. L. Erisman and June E. Erisman (surviving tenant), husband and wife, and Steven W. Erisman, an unmarried man (surviving tenant), all as joint tenants, and recorded on August 7. 1991, in Book 891, at Page 907, Document No. 257170 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

A.P.N. 1420-27-801-024)
Dated: 4-1-205	۰ می بے / ک
	June E. Erisman
STATE OF CALIFORNIA)	
COUNTY OF Butto) SS:	
On4-)-15 before me, Katrinal	Notary Public, personally appeare

d June E. Erisman who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official sea

(seal)



EXHIBIT "A"

Being a portion of the East ½ of the Southeast ¼ of Section 27, Township 14 North, Range 20 East, M.D.B. & M. more particularly described as follows:

Parcel D-2B of that certain Parcel Map No. 3 for SMITH, recorded May 30, 1991, in Book 591, of Official Records, at Page 4479, Douglas County, Nevada, as Document No. 251747.

A.P.N. 1420-27-801-024





COUNTY OF BUTTE

202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965

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RESIDER	PARADISE		., .	22. COUNTY/PROV BUTTE	INCE	.,,,,,,,	95969	″ ⊹ ∭ 8		25. STATE/FOREIGN		
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SPOUSE/SRDP AND PARENT INFORMATION	28, NAME OF SURVI	ANG SPOUSE/SP	DP'-FIRST	29. MIDDO ELAII			187	ST (BUTTH NAME) OWALTE		A jida		W9 355
	31. NAME OF FATHE HARRY	A/PARENT-FIRST		32 MIDDI GOLI	4 10 40		ER.	st ISMAN∷	"*************************************		# P/	
	35. NAME OF MOTH	Careera Careera		36. MIDDI		V.	KIN	ST (BIRTH NAME) IG	#*//:#	12.17 17.14		BIRTH STATE
TAR	39 DISPOSITION DAT 01/14/2013		40. PLACE OF FINAL 980 ELLIOT					illa Marka Tariba		<i>k</i>		'
AL DIREC REGIST	A1: TYPE OF DISPOSE	(s)			with the	URE OF EMBALM	74				43. LICÉN	SÉ NUMBER.
FUNER	44 NAME OF FUNES PARADISE	CHAPEL	OF THE PIN	IES	45. LICENS FD809	E NUMBER 746.5	MARK A L		487	<i>5</i>	***	mm/dd/ceyy 4/2013
	101. PLACE OF DEA	487					102. IF HOSPITA	L SPECIFY ONE	XOA 103. 1F OTHE	R THAN HOSPITAL, Nursing Home/LT(Dec Dec	edent's Char
PLAGE	BUTTE:		105 FACILITY AD 547.9 PEN	TZ RD.	ON WHERE FOL	INO (Street and nu	mber, or location)	4		PARADIS	··.	v Alta yay
	107. CAUSE OF DEA	1 1	Enter the chain of over as cardiac arrest, reson	is diseases, injurio atory errost, or ventri	s, or complication w	ns — thet directly ca though proving the e	used death, DO NO lology, DO NOT AB	(enter terminal eve BREVIATE)	ents (urch)	Time Interval Between Oncerand Death:	108. DEATH RE	PORTED TO CORDX:ERF
## ***	(Final disease or condition resulting in death)	• · · · · · · · · · · · · · · · · · · ·	ORAL INTAI	<u>⟨Ĕ,ĎE,ĔŎ</u> i		FLUIDS		*4500 -	1.00	WKS	D13-00	PERFORMED?
(† 17 12. €	Sequentially, list conditions, if any, leading to cause on Line A. Enter	Marie de la company	RE DEBILITY	V			ing our	4)	A STATES	WKS		SY PERFORMED?
SEOF	UNDERLYING CAUSE (disease or injury that initiated the events	© CHRO	NIC LYMPHO		-UKEMI	Δ (2000)			7.7. A.	MO ma		DETERMINANG CAUSE?
CAU CAU	resulting in death) LA	311	S CONTRIBUTING TO D				JSE GIVEN IN 107		70.71 At 1	YRS	YE	5 (1) (No)
	113. WAS OPERATIO	0 200	ASE	N 7.37		· .: .	/			1134	IF FEMALE, PRI	GNANT IN LAST YEAR?
z	NO:	THE BEST OF MY KI	OWLEDGE DEATH OCCUR	ED 115. SIGNATI	IRE AND TITLE	OF CERTIFIÉR :				116: LICENSE NUM	YES	NO UNK
SICIAN	Docedent Attender (A) mm/dd/ccyy	d Since	ON THE CAUSES STATED. Decedent Last Seen Africa mm/dd/ccyy	►HYUN	IG WOO	N AN M.D	NLING ADDRESS:	ZIP CODE HY	LING WO	A64726 DN AN M.D	01/1	4/2013
PH	01/08/2013		08/2013 OCCURRED AT THE HOUR	1289 B	LLE RD	., PARADI	SE, CA 95	5969 INJURED AT W		Charles A	-X: ::	22, HOUR (24 Hours)
		<u> </u>	Acodem Hort		 	g gation : de		بال	40 UWK			
USE ONLY	₩	A ALLAN Maria	IRED (Events which resu	(TY.A)	1 1000 1	. W W.	100		AND THE	40.000 Annual Control of Control		#1. #2.
CORONER'S	125 LOCATION OF U	NJURY (Street and	I number, or location, ar	nd city, and zip)	******	* *************************************	Ÿ.				2000 P	A
5	126. SIGNATURE OF	8 #W.	dahiring Kalandah	/ KB .	00 80 - 800	27. DATE mm/dd	ссуу <u>() - 1</u> 128. Т	YPE NAME, TITLE		DEPUTY CORONER	ν.	77.77 77.77 77.77
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STA REGIS	u = 1	-	:::::: c	D # 35 1	1 9371 2741 2741		0100010022		IONITORIA YA		Andr	

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

DATE ISSUED

JAN 1 5 2013

* 0 0 0 2 0 6 2 0 9 *

Mak a Lundberg Min. Min.

MARK A. LUNDBERG, M.D., M.P.H.

HEALTH OFFICER

Id Signature of the County Health Officer



This copy is not valid unless prepared on engraved border, displaying the date, seal and signature of the County Health Officer



COUNTY OF BUTTE

202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965

305	2013004923. AFFIDAVIT TO AMEND A RECORD NO ERASURES, WHITEOUTS, PHOTOCOPIES, 3201304000048
S	OR ALTERATIONS \ LÖCAL REGISTRATION NUMBER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PART I	PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD INFORMATION TO LOCATE RECORD
1	1A MANE FIRST 18 MIDDLE 1G, LAST HARRY. ESSTER ERISMAN
INFORMATION AS IT APPEARS ON ORIGINAL	2. SEX. 3. DATE OF EVENT MINIDDICCYY 8. CITY OF EVENT 5. COUNTY OF EVENT M 01/10/2013 PARADISE BUTTE
RECORD	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD HARRY GOLDEN ERISMAN EMMA : KING ::
PART II	STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD
	8.17EM 9. INCORRECT:INFORMATION:THAT APPEARS ON ORIGINAL RECORD 10. CORRECTED INFORMATION AS IT SHOULD APPEAR CONTROL OF THE PROPERTY OF THE P
,) :	
LIST ONE ITEM PER LINE	
700 - 700 - 7 100 - 700 - 7 100 - 700 - 7 100 - 700 - 7 100 - 700	
**************************************	11 CORRECTION TO MILITARY STATUS.
REASONFOR	CORRECTION OF MILITARY STATUS.
CORRECTION:	
AFFIDAVITS	We' the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. 12A. SIGNATURE OF FIRST PERSON 12B. PRINTED NAME: :::::::::::::::::::::::::::::::::::
AND SIGNATURES	THOMAS GAUKEL FUNERAL DIRECTOR
TWO PERSONS MUST SIGN	120 ADDRESS (STREET and NUMBER CLIV, STATE, ZIP) 5697 ALMOND ST. PARADISE, CA. 95969
THIS FORM TO CORRECT A BIRTH, DEATH,	135. SIGNATURE OF SECOND PERSON 185. PRINTED NAME 13C. TITLE/RELATIONSHIP TO PERSON IN PART I ANTHONY MARINO STAFF LEVEL 1.
OR FETAL DEATH RECORD	13D. ADDRESS (STREET and NUMBER, CITY, STATE 2IP) 5691 ALMOND ST., PARADISE, CA 95969 01/14/2013
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR
STATE OF CALIF	ORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS (120101002250582* 1.4.7.

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

DATE ISSUED

JAN 1 5 2013

* 0.0 0 2 0 6 2 1 1 *

Mak U Sun Mig Ma MP.H.

MARK A. LUNDBERG, M.D., M.P.H.

HEALTH OFFICER

LEGISLATION HEALTH OFFICER

HEALTH OFFICER
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PRINT OF THE COUNTY HEALTH OF THE

