

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 Butte)

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: 4-1-2015

June E. Erisman
June E. Erisman

STATE OF CALIFORNIA)
) ss:
COUNTY OF Butte)

On 4-1-15 before me, *Katrina Lazenby*, Notary Public, personally appeared 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 seal.

Signature *Katrina Lazenby*

(seal)

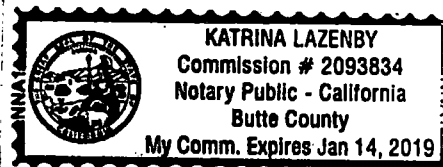
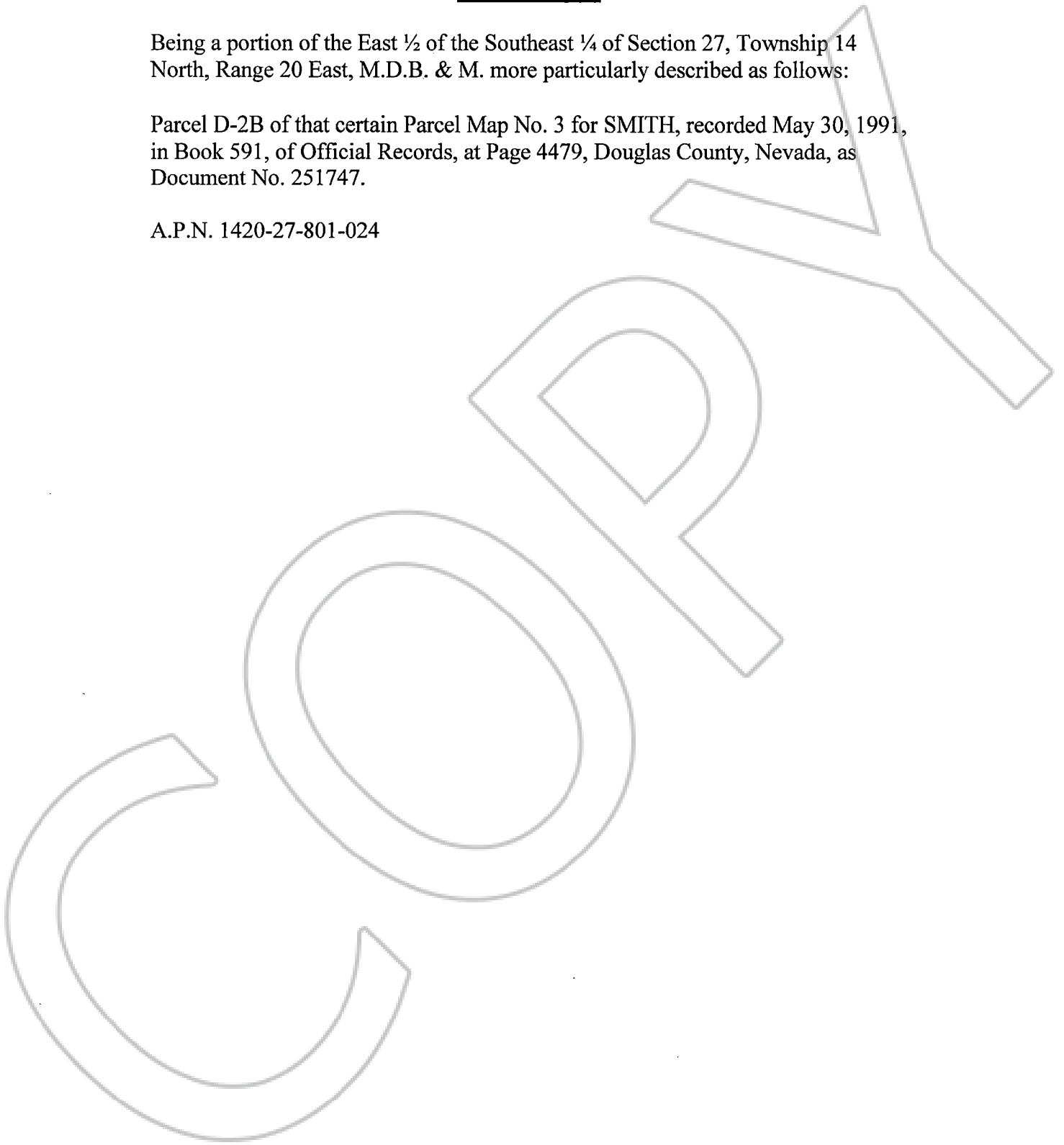


EXHIBIT "A"

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF BUTTE

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965

3052013004923

CERTIFICATE OF DEATH

3201304000048

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

000206209

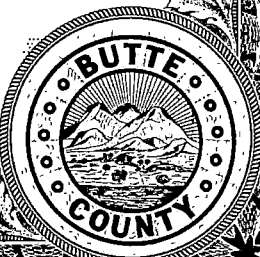
This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

DATE ISSUED JAN 15 2013

Signature of Mark A. Lundberg, M.D., M.P.H., Health Officer

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF BUTTE

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965

AFFIDAVIT TO AMEND A RECORD

3052013004923

3201304000048

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1-1

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME - FIRST HARRY	1B. MIDDLE LESTER	1C. LAST ERISMAN	
	2. SEX M	3. DATE OF EVENT - MM/DD/CCYY 01/10/2013	4. CITY OF EVENT PARADISE	5. COUNTY OF EVENT BUTTE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD HARRY GOLDEN ERISMAN		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD EMMA - KING	

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	11.	YES	

11. CORRECTION TO MILITARY STATUS

REASON FOR CORRECTION

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.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON THOMAS GAUKEL	12B. PRINTED NAME THOMAS GAUKEL	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
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12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5691 ALMOND ST., PARADISE, CA 95969	12E. DATE SIGNED - MM/DD/CCYY 01/14/2013
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TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON ANTHONY MARINO	13B. PRINTED NAME ANTHONY MARINO	13C. TITLE/RELATIONSHIP TO PERSON IN PART I STAFF LEVEL 1
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13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5691 ALMOND ST., PARADISE, CA 95969	13E. DATE SIGNED - MM/DD/CCYY 01/14/2013
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STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 01/15/2013
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

020101002250582

1-1



* 000206211 *

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 15 2013

Mark A. Lundberg
MARK A. LUNDBERG, M.D., M.P.H.
HEALTH OFFICER

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

PBNC0 (REV.) 05/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

