

DOUGLAS COUNTY, NV

2015-870176

Rec:\$17.00

\$17.00 Pgs=4

09/28/2015 09:01 AM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1320-30-816-003

Escrow # 213665DR

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Robert C. McBroom
3401 Jacks Valley Road
Carson City, NV 89705

Mail Tax Statements to:
Andrew L. Sesock and Marietta Sesock
14487 Road 20 1/2
Madera, CA 93637

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

x 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 as required by law: NRS CHAPTER 440.380 (state specific law).

Kris Thorson
SIGNATURE

Escrow Processor
TITLE

Kris Thorson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1320-30-816-003
Escrow No. 00213665 - 016 -DR

When Recorded Return to:

Robert C. McBroom
3401 Jacks Valley Road
Carson City NV 89705

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

Robert C. McBroom, of legal age, being duly sworn, deposes and says

That James Wallace McBroom the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as James McBroom named as one of the parties in that certain Grant Deed dated May 11, 1998 executed by Alfonso H. Mandujano and Carmen Mandujano, husband and wife as joint tenants to James McBroom and Loretta A. McBroom, husband and wife as joint tenants, recorded as Instrument No. 440848, on May 29, 1998 of Official Records of Douglas County, Nevada, covering the following described property.

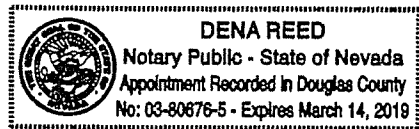
See Exhibit B attached hereto and made a part hereof.

Dated: 9/16/15

Robert C. McBroom
Robert C. McBroom

SUBSCRIBED AND SWORN TO before me on this 16 day of Sept 2015

Dena Reed
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011011547
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Wallace MCBROOM		2. DATE OF DEATH (Mo/Day/Year) July 21, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1681 Belarra Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (If not U.S.A., name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER ██████████ 9061		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Professor		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1681 Belarra Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1923	
9a. STATE OF BIRTH (If not U.S.A., name country) Montana			9b. CITIZEN OF WHAT COUNTRY United States		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SURVIVING SPOUSE (if wife, give maiden name) Loretta Alberta Betty LENTZ		12. SURVIVING SPOUSE (if wife, give maiden name) Loretta Alberta Betty LENTZ			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Clay MCBROOM		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nellie Myrtle GOODIN			
18a. INFORMANT- NAME (Type or Print) Loretta Alberta Betty MCBROOM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1681 Belarra Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEPHEN J HEWITT DO			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) July 26, 2011		21c. HOUR OF DEATH 07:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) Cardiopulmonary Arrest		Minutes			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Years			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

STATE REGISTRAR

396820 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 07/29/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

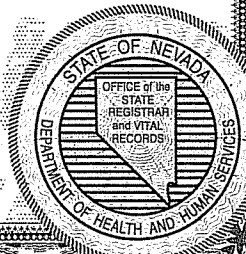
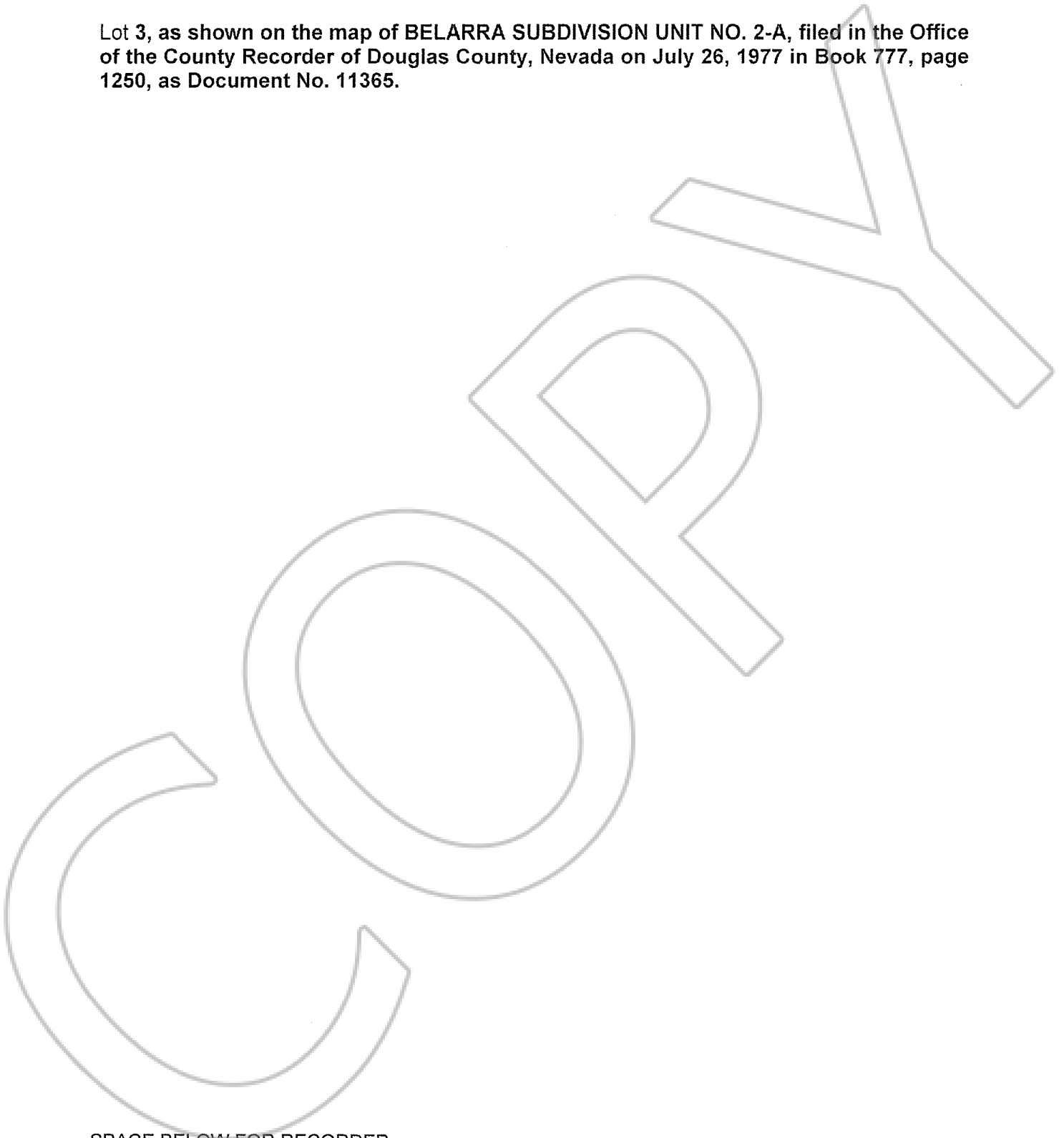


Exhibit A

Lot 3, as shown on the map of BELARRA SUBDIVISION UNIT NO. 2-A, filed in the Office of the County Recorder of Douglas County, Nevada on July 26, 1977 in Book 777, page 1250, as Document No. 11365.



SPACE BELOW FOR RECORDER
