CLOUSER HEMPEN WASICK LAW APN# 1220 - 22 - 210 - 137 Recording Requested by/Mail to: Name: Roy W. CREASON KAREN ELLISON, RECORDER Address: P.O. Box 1462 City/State/Zip: VICTORVILLE CA 92393 Mail Tax Statements to: Name: Roy W. CREASON Address: P.O. Box 1462 City/State/Zip: VICTORVILLE CA 92393 AFFIDAVIT - DEATH OF JOINT TENANT. Title of Document (required) -----(Only use if applicable) -----The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable) Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5) Judgment – NRS 17.150(4) Military Discharge - NRS 419.020(2) This document is being (re-)recorded to correct document # \_\_\_\_\_\_, and is correcting

DOUGLAS COUNTY, NV

Rec:\$17.00

Total:\$17.00

2016-876832

02/16/2016 01:51 PM

APN: 1220-22-210-137 RECORDING REQUESTED BY: Roy W. Creason P.O. Box 1462 Victorville, CA 92393 AFTER RECORDATION, RETURN BY MAIL TO: Roy W. Creason P.O. Box 1462 Victorville, CA 92393

SPACE ABOVE THIS LINE FOR RECORDER'S USE

#### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA	)
	) ss:
COUNTY OF SAN BERNARDINO	)

ROY W. CREASON, 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 MARTHA K. CREASON named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 15, 2011, executed by Daniel J. Nokunas and Christine K. Nokunas, husband and wife as joint tenants, to Roy W. Creason (surviving tenant) and Martha K. Creason, as community property with right of survivorship, and recorded on November 28, 2011, in Book 1111, at Page 5760, Instrument No. 793237 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 625 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6 filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, in Book 573, Page 1026, as Document No. 66512.

A.P.N. 1220-22-210-137

Dated: 1-13-2016

# **CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }					
county of <u>San Bernardino</u> ;	11ism Made notary Public				
On 1-13-16 before me, Alison Made, Notary					
Public, personally appeared Roy W.	Creason				
Name(s) of S	igner(s)				
subscribed to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/ale edged to me that he/she/the/ executed the same in by his/he/the/ signature(s) on the instrument the rson(s) 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.	Allison Wade  COMM. #2130456  NOTARY PUBLIC - CALIFORNIA FOR SAN BERNARDINO COUNTY My Comm. Expires Oct. 16, 2019				
Signature: // /////////////////////////////////	- / /				
	IONAL				
	ation can deter alteration of the document or fraudulent				
attachment of this form to an unintended document.					
Description of Attached Document  Title or Type of Document: Affidavit - Death of Joint Document Date: 1-13-16  Number of Pages: 2 Signer(s) Other Than Named Above:					
Capacity(ies) Claimed by Signer(s)					
Signers Name:	Signers Name:				
☐ Corporate Officer – Title(s)	Corporate Officer – Title(s)				
☐ Partner - ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner - ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact				
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator				
Other:					
Signer is Representing:	Other: Signer is Representing:				

## STAVED BOX DATE OF DENIA

~ CERTIFICATION OF VITAL RECORD

# **COUNTY of SAN BERNARDINO**

### **DEPARTMENT OF PUBLIC HEALTH**

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

		CERTIFICATE OF DEATH STATE FILE NUMBER  CERTIFICATE OF DEATH STATE FILE NUMBER  CERTIFICATE OF DEATH STATE FILE NUMBER  CERTIFICATIONS  STATE FILE NUMBER		320153	6011226			
	STATE FILE NUMBER USE BLACK IK OLLY / A) GRASIEK, WHITEOUTS OR ALTERATORS  NAME OF DECEMENT-RRST (Glysn) 2. MIDDLE 3. LAST (Family)			LOCAL REGISTRATION NUMBER				
	MARTHA	KAYE	CRE	ASON	\			
NAL DATA	AKA ÁLSO KNOWN AS – Include Bull AKÁ (FIRST, MIDOLE, L	AST)	04/15/1958	5 AGE Yrs. FUNDER OVE YEAR MONTHS Days	Hours Minutes F			
'S PERSONAL	MI =====-1	927 11. EVER IN U.S. ARM	MARRIED	FIDP In Time of Death 7 DATE OF DEATH 10/24/201	5 1352			
DECEDENTS	13. EXIGATION - Highest Lore/Degree 14/15. WAS DECEDENTH BRE Updation on halb) BACHELOR	ISPANICALATINOA/SPANISHT (Tyra, and world)	_ ⊠ ™ WHITE	E - Up to 3 races may be listed (see wo				
	TEACHER  20, DECEDENT'S RESIDENCE Street and number, or location	EDUCA		store, rosa corearactor, employment age	27			
USUAL								
	VICTORVILLE 29. INFORMANT'S NAME, RELATIONSHIP	SAN BERNARDINO	92395	35 CA				
INFOR-	29. INFORMANT'S MAILEN ADDRESS STIMM and number of due to did number of the toda number o							
SPOUSE/SRDP AND ARENT INFORMATION	ROY  31 NAME OF FATHER/FARENT-FIRST	WARREN	CREASO		34 BURTH STATE			
	KAYE. 35. NAME OF MOTHER/PARENT-FIRST	JUNIOR 36 MIDDLE	MAUPIN 37. LAST (BERTH	NAME)	MI 38 BIRTH STATE			
	JOYCE  39 DISPOSITION DATE movidadicityy 40: PLACE OF FINA	MARIE  L DISPOSITION RES; ROY CRE	MCVOY ASON		MI ·			
FUNERAL DIRECTORY LOCAL REGISTRAR	11/05/2015 13383 FIR	ST AVENUE, VICTORVII	LE, CA 92395	_/_/	43 LIGENSE NUMBER			
NERAL DIF	CR/RES 44 NAME OF FUNERAL ESTABLISHMENT	NOT EMI	BALMED TO 48, SIGNATURE OF LOCAL REGIS	STRAP.	- 4/ DATE mryddiodyy			
-	VICTOR VALLEY MORTUARY, I	NC. FD1452	MAXWELL OHIE	ONE 103 IF OTHER THAN HOSE	PITAL, SPECIFY ONE			
PLACE OF DEATH		DORESS OF LOCATION WHERE FOUND (SUB AR VALLEY ROAD	al and number, or location)	108 CITY	ODD/III E			
		ra - osease, rijinea, is completion - trej isa ay areti is soliticus fortinon miraut stor	numb count nown DO NOT enter term	7%. 7%.	ORVILLE			
	IN MEDIATE CAUSE W SEPTIC SHOCK (First damase or condition resulting)	ira or, orect, or restriction (entition introduction	vig th4 600logs: DO NOT AHERIENATE	One leader (AT)	X ⊆ □ 10 701507992			
E	Sequentially, list conditions, if any	ETIOLOGY UNKNOWN		DAYS	100 BIOPSY PERFORMED?  YFS X NO			
E OF DEATH	on Line A. Emer PNEUMONIA. UNDERLYING CAUSE (Gleasse or Injury that	·		DAYS				
CAUSE	resulting in death) LAST	DEATH BUT MAY RESULTING IN THE UNDERLY	VANC CALISE CIVEN IN 107	(07)	111 USED IN DETECHANING CAUSE? YES NO			
	112 CTHER SEANRICANT CONDITIONS CONTRIBUT NO TO DEATH BUT NOT ITESULITING IN THE UNIDERLYING CAUSE GIVEN IN 107  ACUTE RENAL FAILURE, DIABETES MELLITUS TYPE II, ACUTE RESPIRATORY FAILURE  113 MS OFFERATION FERFORMED FOR ANY CONDITION IN 175M 107 OR 1127 (If yes lest type of operation for date)  NO							
-	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUR	TED   115 SIGNATURE AND THE OF CERT		110 LICENSE	NUMBER 117. DATE minvasicopy			
PHYSICIAN'S CERTIFICATION	AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Atlended Since Decedent Last Seen A.W.  (A) mrtvdd/ccyy (B) mrtvdd/ccyy	LIOSE LUIS S NOR	ONHA MID	A7383 JOSE LUIS S NORO	7 44/04/0045			
CEH 3	10/12/2015 10/24/2015 118.1 CERTIFY THAT THAN Y OPINION DEATH OCCUPRED AT THE HOLD	R DATE, AND PLACE STATED FROM THE CAUSES B	Y ROAD, VICTORVIL DATED. 120 INJURED	LE, CA 92395	NTA IVI.D.  DATE imm/dds ecyyl 122 HOUR (24 Hours)			
à	MANNER OF OFFATH National Accident has 123 PLACE OF INJURY (e.g., home, construction sile, woode	Fiction Suit do Porting actors (grands of direct, etc.)	Coulting for determined VES	NO UNX				
CORONER'S USE ONLY	124 DESCRIBE HOW BLUTHY OCCURRED (Events which insulted in 17(x))							
PRONER	12b LOCATION OF IREUITY (Street and number, or location, and c.ly, and zip)							
3	128 SIGNATURE OF CORONER / DEPUTY CORONER   127 DATE / JANUARICAN   128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER							
STA REQIS		D E IIII	INTERNATION OF THE OFFICE OF THE SERVICE OF THE SER	BELLEVIN HALL	CENSUS TRACT			
	*010001003071659*							

CERTIFIED COPY OF VITAL RECORDS

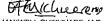
STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO

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DATE ISSUE

DEC 07 2015

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.



MAXWELL OHIGHUARE, M.D. COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

