

APN# 1220-22-210-137

Recording Requested by/Mail to:

Name: Roy W. CREASON

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



00030500201608768320040042

KAREN ELLISON, RECORDER

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)

Roy W. Creason
Signature

ROY W. CREASON
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

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 San Bernardino

On 1-13-16 before me, Allison Wade, notary public Notary
Date Insert Name and Title of the officer

Public, personally appeared Roy W. Creason

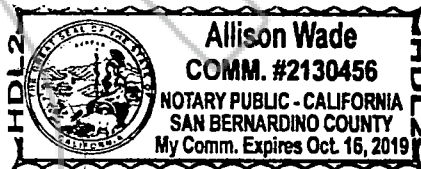
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(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.

Signature: Allison Wade



OPTIONAL

Though this section is optional, completing this information 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 tenant Document Date: 1-13-16

Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signers Name: _____

Corporate Officer - Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signers Name: _____

Corporate Officer - Title(s) _____

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

STATE OF CALIFORNIA

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

3201536011226

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

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.

Signature of Maxwell Ohikhuare, M.D., County Health Officer, Registrar of Vital Statistics.



* 0 0 2 4 3 1 3 7 9 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

