



KAREN ELLISON, RECORDER

APN: 1022 09 002 073
Recording requested by and mail documents and tax statements to:

Name: Barbara Jo Williams
Address: 3793 Zeeble Circle
City/State/Zip: Wellington, Mo. 89444

AFF111mk
Nevada Legal Forms & Tax Services, Inc.
www.nevadalegalforms.com

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, Barbara Jo Williams, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Edward Allen Cleland, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as Edward Allen Cleland, named as one of the parties in that certain (type of deed) Grant, Bargain, Sale, Deed dated on the 8th day of September, 2004, and executed by

Barbara Jo Williams, a widow known as Grantor(s), to Edward Allen Cleland & Stephanie S. Cleland & Barbara Jo Williams known as Grantees, as joint tenants, and recorded as instrument number 0659544, on the 1 day of November, 2005 in Book 1105, of Official Records of Douglas, County, Nevada, covering the following described property situated in the City of Wellington, County of Douglas, State of Nevada. (Set forth commonly known address)

Lot 13, as shown on the map of Topaz Ranch Estate, Unit No. 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, as Document No. 44091.

Legal Description:

In Witness Whereof, I/We have hereunto set my/our hand(s) this 3 day of March, 2016.

Barbara Jo Williams
Signature

Signature

BARBARA JO WILLIAMS
Print or type name here

Print or type name here

STATE OF Nevada)
COUNTY OF _____)

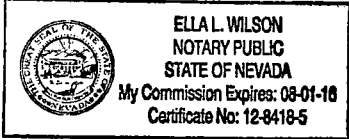
On this 3rd day of March, 2016, personally appeared before me, a Notary Public, Barbara Jo Williams

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Ella L. Wilson
Notary Public

My commission expires: 08/01/2016

Consult an attorney if you doubt this forms fitness for your purpose.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013193767

CERTIFICATE OF DEATH

3201319043591

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITES OUTS OR ALTERATIONS VS-11a (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) EDWARD		2. MIDDLE ALLEN		3. LAST (Family) CLELAND			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 05/30/1963	5. AGE Yrs 50	6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8754		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 10/13/2013	8. HOUR (24 Hours) 1420
13. EDUCATION - Highest Level Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see work sheet on back) <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROFESSIONAL DRUMMER			18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 38		
20. DECEDENT'S RESIDENCE (Street and number or location) 10334 ORO VISTA AVE.							
21. CITY SUNLAND		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91040	24. YEARS IN COUNTY 24	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP STEPHANIE CLELAND, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10334 ORO VISTA AVE., SUNLAND, CA 91040			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST STEPHANIE		29. MIDDLE M.		30. LAST (BIRTH NAME) JEPSON			
31. NAME OF FATHER/PARENT - FIRST WILLY		32. MIDDLE A.		33. LAST WILLIAMS		34. BIRTH STATE TN	
35. NAME OF MOTHER/PARENT - FIRST BARBARA		36. MIDDLE J.		37. LAST (BIRTH NAME) LOWE		38. BIRTH STATE SD	
39. DISPOSITION DATE mm/dd/yyyy 10/22/2013		40. PLACE OF FINAL DISPOSITION RES STEPHANIE CLELAND 10334 ORO VISTA AVE., SUNLAND, CA 91040					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALLER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NATIONAL CREMATION SERVICE		45. LICENSE NUMBER FD1166	46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD			47. DATE mm/dd/yyyy 10/18/2013	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10334 ORO VISTA AVE.				106. CITY SUNLAND	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) BRAIN CANCER		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ANEMIA, HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy (A) 09/17/2013 Decedent Last Seen Alive: mm/dd/yyyy (B) 10/13/2013		115. SIGNATURE AND TITLE OF CERTIFIER PAUL E DIEHL M.D.		116. LICENSE NUMBER A44437		117. DATE mm/dd/yyyy 10/16/2013	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL E DIEHL M.D. 16830 VENTURA BLVD.#315, ENCINO, CA 91436		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Jonathan Fielding, MD
BO 12
Director of Public Health and Registrar

OCT 24 2013

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. PENCO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

