



00037417201608828290030030

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

WENDELYN G. STRONG

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Wendelyn G. Strong
5822 Myra Ave.
Cypress, CA 90630

THIS SPACE FOR RECORDER'S USE ONLY

APN: 1420-08-212-023

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

WENDY G. STRONG, of legal age, being first sworn, deposes and says:

That JOE C. STRONG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joe C. Strong, named as one of the parties in that certain Deed, dated August 23, 2001, executed by Randall S. Harris and granted to Joe C. Strong and Wendy G. Strong, husband and wife as Joint Tenants with right of survivorship, and recorded on August 27, 2001, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 0521498, BK 0801 PG 7272 of Official Records, relating to the real property located in said County and more particularly described as follows:

Lot 6 in Block J as shown on the Amended Map of SUNRIDGE HEIGHTS, PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995 in Book 295, page 3219 as Document No. 356642.
Commonly known as: 1028 Sunburst, Carson City, Nevada

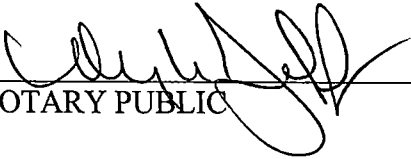
Executed on May 18, 2016, in Orange County, California. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

WENDY G. STRONG

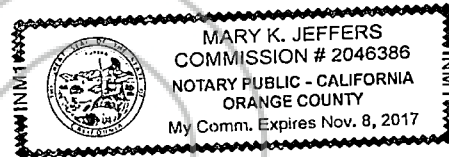
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF ORANGE

SUBSCRIBED AND SWORN TO (or affirmed) before me on
May 18, 2016, by WENDY G. STRONG, proved to me on the
basis of satisfactory evidence to be the person(s) who appeared
before me.



NOTARY PUBLIC



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

3052015253696

CERTIFICATE OF DEATH

3201530019563

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-110REV 3/06				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST JOE		2. MIDDLE C.		3. LAST (Family) STRONG			
AKA. ALSO KNOWN AS - Include 1st AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/14/1941		5. AGE Yrs. 74		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY TX		10. SOCIAL SECURITY NUMBER -5069		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/GRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 12/24/2015	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WIND TUNNEL TEST ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, read construction, employment agency, etc.) AEROSPACE		8. HOUR (24 Hours) 2003			
20. DECEDENT'S RESIDENCE (Street and number, or location) 5822 MYRA AVENUE		21. CITY CYPRESS		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 90630	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP WENDELYN STRONG, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5822 MYRA AVENUE, CYPRESS, CA 90630		28. NAME OF SURVIVING SPOUSE/SPDP - FIRST WENDELYN		29. MIDDLE -		30. LAST (BIRTH NAME) KECK	
31. NAME OF FATHER/PARENT - FIRST FERRELL		32. MIDDLE -		33. LAST STRONG		34. BIRTH STATE TX	
35. NAME OF MOTHER/PARENT - FIRST LORENA		36. MIDDLE -		37. LAST (BIRTH NAME) WHITE		38. BIRTH STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 01/04/2016		40. PLACE OF FINAL DISPOSITION RES WENDELYN STRONG 5822 MYRA AVENUE, CYPRESS, CA 90630					
41. TYPE OF DISPOSITION(S) CR/RFS		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF ORANGE COUNTY		45. LICENSE NUMBER FD1305		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		47. DATE mm/dd/yyyy 12/31/2015	
101. PLACE OF DEATH RESIDENCE HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <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 ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5822 MYRA AVENUE				106. CITY CYPRESS	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fluctuation with out showing the etiology. DO NOT ABBREVIATE. (A) END STAGE LUNG CANCER		Time Interval Between Onset and Death (AT) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>REFERRAL IN HAND</small>			
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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 LIVER CANCER		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER THOMAS C. KOCKINIS M.D.		116. LICENSE NUMBER A40769		117. DATE mm/dd/yyyy 12/29/2015	
(A) mm/dd/yyyy 12/18/2015		(B) mm/dd/yyyy 12/19/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE THOMAS C. KOCKINIS M.D. 18811 HUNTINGTON STREET, STE.#130, HUNTINGTON BEACH, CA 92648			
119. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)					
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	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED January 8, 2016

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



Eric G. Handler M.D.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAORANGE01