DOUGLAS COUNTY, NV Rec:\$16.00 Total:\$16.00

2016-882830 06/20/2016 09:38 AM

Pgs=3

MARY K JEFFERS

KAREN ELLISON, RECORDER

THIS SPACE FOR RECORDER'S USE ONLY

RECORDING REQUESTED BY: WENDELYN G. STRONG WHEN RECORDED, MAIL TO AND MAIL TAX STATEMENTS TO:

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

APN:

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 March 5, 2001, executed by Julia C. McGrath granted to Joe Strong and Wendy Strong, as Joint Tenants with right of survivorship, and recorded on March 6, 2001, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 0509909 BK 0301 PG 1278 of Official Records, relating to the real property located in said County and more particularly described as follows:

The South half of the Southwest quarter of the Southeast quarter of the Northwest quarter of Section 35, Township 14 North, Range 20 East, M.D.B.&M.

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.

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 $\frac{10}{2}$, 2016, by WENDY STRONG, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY PUBLIC



COUNTY OF ORANGE

HEALTH CARE AGENCY

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

	3052015253696	CERTIFI ST USE BLACK INK ONLY / NO	CATE OF DE	ATH OR ALTERATIONS		320153001		\perp	
\neg	1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	VS-11e(REV 3/06)	3. LAST (F.	emily)	OCAL HEGISTHATION	LNOWBEH	+	
AL DATA	JOE AXA, ALSO KNOWN AS - Include tul AKA (FIRST, MIDDLE, LAST)	C.	4 DATE O	F BIRTH mm/dd/ccyy		IDER ONE YEAR IF	UNDER 24 HO	NIRS 0. SEX	
PERSON	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NU TX	YES [NO UNK	12. MARITAL STATUS/SR MARRIED	DP* (at Time of Desity 7. D.	2/24/2015		HOUR (24 Hours) 2003	
DECEDENT'S PERSONAL	13. EDUCATION - Highest Livret/Degree 14/15, WAS DECEDENT HISPANICAL gice workshed on back) BACHELOR YES YE		X_INO '	WHITE	- Up to 3 races may be tore, read construction, a	The same of the sa		ARS IN OCCUPATION	
- ă	WIND TUNNEL TEST ENGINEER 20. DECEDENT'S RESIDENCE (Street and number, or location)	1	OSPACE	DOSINI (M.Y., gracery s	CONTRACTOR	проупык аумыу, ос	The second second	45	
ENCE	5822 MYRA AVENUE	NTY/PROVINCE	A DO DO	ene à la	YEARS IN COUNTY	or CTATE CONTION	O WITH		
3 E3	CYPRESS ORA	NGE	23. ZIP 0 9063	0	50	CA			
INFOR-	28. INFORMANT'S MANUE, RELATIONISHIP WENDELYN STRONG, WIFE 27. INFORMANT'S MANUE ADDRESS Sheet and purifier city of town, etale and Jup) 5822 MYRA AVENUE, CYPRESS, CA 90630								
SPOUSE/SRDP AND PARENT INFORMATION	WENDELYN	29, MIDDLE -		KECK	AME)				
	FERRELL	32. MIDDLE	1994	STRONG	/_		ΚT	<u> </u>	
	LORENA	96. MIDDLE	<u> </u>	37. LAST (BIRTH N	AME)		38. T)	. BIRTH STATE	
CTOR/	39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPOSI 5822 MYRA AVE	NUE, CYPRES	S, CA 90630	NG)			1		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES	▶ NOT E	OF EMBALMER MBALMED	N. Committee			-	ISE NUMBER	
	44, NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF ORANGE COUNTY	FD1305	▶ ERIC	RE OF LOCAL REGIST	ER, M.D.	ER THAN HOSPITAL,	12/3	mm/dd/coyy 1/2015	
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE HOSPICE 104. COUNTY (105. FACILITY ADDRESS OF	LOCATION WHERE FOUND	- N	HOSPITAL SPECIFY	DOA HOSE		(Z) 0e	cedent's Other	
- Ž #	ORANGE 5822 MYRA AV	ENUE	. \		1	CYPRES		EPÓRTED TO CORONERT	
CAUSE OF DEATH	as cardiac arrest, mephintony arrest IMMEDIATE CAUSE W END STAGE LUNG CAN OFFICIAL diseases of	t, or ventricular fibrillation withou	t showing the effology. E	XX NOT ABBREVIATE.	D evals soci	Onset and Death (AT) YRS	YE		
	condition resulting (B) Sequentially, Est conditions, if any,		1			(81)	109, BIOPS	Y PERFORMED?	
	CONCLIONS, B BNY, COUNTY, BNR		1			(CT)	110. ALTOF	PSY PERFORMED?	
	intry that (D) initiated the events (D) resulting in death) LAST	 				(10)	111. USED IN I	DETERMENING CAUSE?	
J	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU LIVER CANCER	F NOT RESULTING IN THE UN	DERLYING CAUSE GIV	EN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107	OR 1127 (If yes, list type of op	eration and date.)	7		113A	YES	EGNANT IN LAST YEAR? NO UNK	
ATION	114. I CERTIFY THAT TO THE BEST OF INV KNOWLEDGE GEATH OCCUPRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Docadent Attended Sinds Decodert List Seen Alive	SIGNATURE AND TITLE OF	CERTIFIER CKINIS M.D		50	116. LICENSE NUME A40769	i	ATE nw/dd/ccyy 29/2015	
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 118 12/18/2015 12/19/2015 18	TYPE ATTENDING PHYSICIA 1811 HUNTINGT	ON STREE		THOMAS C.	ON BEACH	i, CA 9:		
	119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AN MANNER OF DEATH Nothing Accident Horricide	D PLACE STATED FROM THE CALL Suickle Pending Investigation	Could not b		NO UNK	121, INJURY DATE	nm/dd/ocyy 1	122, HOUR (24 Hours)	
EONLY	123. PLACE OF BUIURY (e.g., home, construction site, wooded area, etc.)								
CORONER'S USE	124. DESCRIBE HOW BUJURY OCCURRED (Even's which resulted in injury)								
CORON	125. LOCATION OF INJURY (Street and number, or location, and city, an	d zip)							
	122. SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE INWINISHING THE OF CORONER / DEPUTY CORONER 123, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER								
STA REGIS	TE A B C D	E		01003123408*		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

January 8, 2016



lu & Hardle 4.0.

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



