

APN# : 1220-21-510-025

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Eugene Severino  
6492 Menlo St.  
Simi Valley, CA  
93063

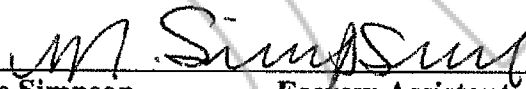
**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature \_\_\_\_\_



Michelle Simpson

Escrow Assistant

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Eugene Severino, of legal age, being first duly sworn, deposes and says:

That Lucy Severino, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lucy Severino named as one of the parties in that certain Grant, Bargain and Sale Deed dated 8/27/1997 executed by Robert R. Tompkins and Bernice H. Tompkins, Trustees of The Tompkins Family 1988 Trust to Eugene Severino and Lucy Severino, husband and wife as joint tenants as joint tenants, recorded as instrument No. 0422448, on 9/25/1997, in Book0997, Page 4920, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 126, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada, as Document No. 66512 and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records, at Page 6, as Document No. 71399.

Dated Dec 9, 2016

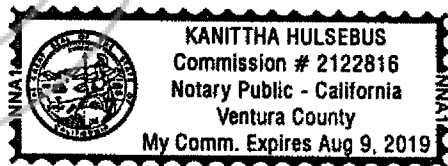
Eugene Severino  
Eugene Severino, Surviving Joint Tenant

STATE OF NEVADA California }SS  
COUNTY OF Ventura

This instrument was acknowledged before me on December 9, 2016.

by Eugene Severino.

Kanitha Hulsebus  
Notary Public



# CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010210941

### CERTIFICATE OF DEATH

3201019048694

STATE FILE NUMBER <b>3052010210941</b>		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, HIGHLIGHTS OR ALTERATIONS <b>CERTIFICATE OF DEATH</b>				LOCAL REGISTRATION NUMBER <b>3201019048694</b>	
1. NAME OF DECEDENT - FIRST (Given) <b>LUCY</b>		2. MIDDLE <b>LAURA</b>		3. LAST (Family) <b>SEVERINO</b>			
4. DATE OF BIRTH mm/dd/yyyy <b>12/17/1936</b>		5. AGE Yrs. <b>73</b>		6. SEX <b>F</b>		7. UNDER ONE YEAR Month: _____ Day: _____	
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>9029</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at time of death) <b>MARRIED</b>	
13. EDUCATION - (Highest Level/Degree Use worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/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)) <b>WHITE</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/06/2010</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>CUSTOMER SERVICE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>TELEPHONE COMPANY</b>				19. YEARS IN OCCUPATION: <b>36</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>6492 MENLO ST</b>							
21. CITY <b>SIMI VALLEY</b>		22. COUNTY/PROVINCE <b>VENTURA</b>		23. ZIP CODE <b>93063</b>		24. YEARS IN COUNTY <b>44</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>EUGENE SEVERINO, HUSBAND</b>					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5069 HIDDEN PARK CT #204, SIMI VALLEY, CA 93063</b>							
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>EUGENE</b>		29. MIDDLE		30. LAST (BIRTH NAME) <b>SEVERINO</b>			
31. NAME OF FATHER/PARENT - FIRST <b>BERNARDO</b>		32. MIDDLE		33. LAST <b>DIGMAN</b>			
34. BIRTH STATE <b>PI</b>		35. NAME OF MOTHER/PARENT - FIRST <b>LAURA</b>		36. MIDDLE		37. LAST (BIRTH NAME) <b>NUNEZ</b>	
38. BIRTH STATE <b>CA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>12/11/2010</b>					
40. PLACE OF FINAL DISPOSITION <b>OAKWOOD MEMORIAL PARK</b>		41. TYPE OF DISPOSITION(S) <b>BU</b>					
42. SIGNATURE OF EXAMINER <b>PABLO MIGUEL PARKER M.D.</b>		43. LICENSE NUMBER <b>EMB8672</b>				44. NAME OF FUNERAL ESTABLISHMENT <b>ROSE FAMILY FUNERAL HOME</b>	
45. LICENSE NUMBER <b>FD1760</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>				47. DATE mm/dd/yyyy <b>12/10/2010</b>	
101. PLACE OF DEATH <b>CITY OF HOPE NATIONAL MEDICAL CENTER</b>							
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERWOP <input type="checkbox"/> DO		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION (Where found - Street and number, or location) <b>1500 E DUARTE RD</b>				106. CITY <b>DUARTE</b>	
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. <b>ACUTE MYELOID LEUKEMIA</b> <b>MYELODYSPLASIA SYNDROME</b>							
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 BY 107 <b>NONE</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Affected Since: _____ Decedent Last Seen Alive: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>PABLO MIGUEL PARKER M.D.</b>				116. LICENSE NUMBER <b>A41819</b>	
117. DATE mm/dd/yyyy <b>12/10/2010</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>PABLO MIGUEL PARKER M.D. 1500 E DUARTE ROAD, DUARTE, CA 91010</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. 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.#		GENIUS TRACT	

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



*Jonathan E. Fielding MD*  
DATE ISSUED  
Director of Public Health and Registrar

DEC 16 2010

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

