APN: 27-422-06

When recorded, return to: Dennis Clark 818 South Barlow Lane Bishop, CA 93514

Mail Tax Statements to: Dennis Clark 818 South Barlow Lane Bishop California 93514 DOUGLAS COUNTY, NV Rec:\$16.00

Total:\$16.00

2017-893166 01/10/2017 11:34 AM

PETER E. TRACY ATTORNEY AT



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Dennis Clark, being of legal age and sound mind, being first duly sworn, deposes and says:

That Anneke Jans Clark, identified in the attached certified copy of Certificate of Death, is the same person as Anneke R. Clark named as a Joint Tenant with Right of Suvivorship [sic] in that certain Individual Grant Deed dated September 7, 1994, said deed having been recorded on or about September 26, 1994, as Document No. 346872 in the Official Records of Douglas County, State of Nevada, and affecting the following land:

LOT 172, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, PAGE 797, AS DOCUMENT NO. 28377.

In accordance with NRS 111.365, the undersigned states as follows: (1) That he was married to and is the widower of the deceased; (2) that Anneke Jans Clark died on June 22, 2016, in Inyo County, State of California; and (3) that the undersigned, Dennis R. Clark, an unmarried man, as the surviving joint tenant, now claims the above-described property to be his sole and separate property.

To clarify any perceived discrepancy in the deceased's name as identified in the Individual Grant Deed and the Certificate of Death referenced herein, the undersigned notes that Anneke Jans Clark's middle name is "Jans," and her maiden name is "Randerson."

I declare under penalty under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 19 day of December, 2016.

Dennis R. Clark
Dennis R. Clark

STATE OF CALIFORNIA

: ss.

COUNTY OF TNYO

On this Yama day of Learner R, 2016, before me, the undersigned, a Notary Public in and for said state, personally appeared Dennis R. Clark, personally known or proved to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, executed the instrument.

WITNESS my hand and official seal.

Notary Public

MELINDA DECOSTER COMM. # 2071776
NOTARY PUBLIC-CALIFORNIA INVO COUNTY
MY COMM. EXP. JULY 14, 2018

CERTIFICATION OF VITAL RECORD

20160004874

COUNTY OF INYO

HEALTH & HUMAN SERVICES

P.O. DRAWER "H", INDEPENDENCE, CA 93526

3052016132090			CERTIFICATE OF DEATH STATE OF CALFORMA USE BLACK AN ONLY MO FRANKES, WHITE OUTS ON ALTERATOR'S LINES YOUR.						3201614000072			
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Green)		2. MIDDLE		3. LAST (Family) CLARK			LOG	OCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	ANNEKE AKA ALSO KNOAN AS - INCHOOL (UIT AKA (FIRST MIDDLE, LAST)		JANS		4 DATE OF BIRTH minvdo/copy 5. AGE Yis		s I I UNDE	FONE YEAR	F EINDER 24 HOL			
	B. BIRTH STATES OREIGN COUNTRY 10, SOCIAL SECURITY		IUMBER 11. EVER IN U.S. ARMED FO		04/04/1933 83 ""			Thorse 7-DAT			HOUR PHOUSE	
	NJ 2000 -7648] 🗀,	res X NO	UNK	MARRIED		06/	22/2016	0	0540	
	MASTER'S				X]*** *****					The second name of the second		
DEC	17. USUAL OCCUPATION - Type of woo SCHOOL TEACHER	I.	TIRED 18 KIND OF BUSINESS OR INDUSTRY is g. greecy store, radd construction EDUCATION					employment agency, etc.) 19. YEARS IN OCCUPATION 14				
USUAL	20. DECEDENT'S RESIDENCE (Street & 818 SOUTH BARLO											
	21 CITY BISHOP	UNTY/PROVINCE	· · ·	100				25. STATE/FOREIGN COUNTRY				
E S RYGREANT'S NAME, RELATIONSHIP E S BY DENNIS CLARK, HUSBAND 27, PROPRIATE MALES ADDRESS BY								в́і́ѕно́́́Р	CA 935	n, state and no)		
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST DENNIS		29. MIDOLE : RICHARD		SO LAST BRATH HAMES CLARK			\mathcal{I}				
	31 NAME OF FATHER/PARENT-FIRST		32 MIDOLE		\leftarrow	33. LAST		+		1	BIRTH STATE	
	EDWARD 35 NAME OF MOTHER/PARENT-FIRST		HALL 36 MIDDLE		_3,	RANDERSON 37 LAST (BIRTH NAME)		+			BIRTH STATE	
	FLORENCE 39. DISPOSITION DATE IMPRODUCESTY	UNK TREMPER TION CLARK RES:					_		· Jur	NK		
FUNERAL DIRECTORY LOCAL REGISTRAR	07/07/2016 818 SOUTH BARLOW LANE, BISHOP, CA 93514						ISE NUMBER					
	CR/RES	NOT EMBALMED						47. DATE mm/ad/ccyy				
	BRUNE MORTUARY FD-192 ▶ RICHARD JOHNSON, MD, M							MD, MF	н 🚱	07/06	6/2016	
PLACE OF DEATH	NORTHERN INYO HOSPITAL .											
	TICK COUNTY I LOS, FACILITY ADDRESS OR LOCATION WHERE FOUND (Sheet and humber or location) INYO 150 PIONEER LANE							BISHOP				
CAUSE OF DEATH	107 CAUSE OF DEATH IMMEDIATE CAUSE OF HEAR	Enter the risks of events orsi as cardiac event, respiratory and FAILURE	enses, repries, or comple est or vention la Mydista	casion a Sign direct on without showing t	ny causaid deal Ne mickogy. Di	O NOT ASSERTANALE	massi menelu s	M. 3/	IA e round little Draw and Death (All)	TOP TOPATHE	EPORTED TO CORONER?	
	(Final disease or condition resulting in death)	ENORIC				1 DAY	109 BIO>S	Y PERFORMED?				
	Sequentially, list conditions, if any, leading to cause	ENÓ313					_:	YEAR	110. AUTOF	S X 40		
	UNDERLYING CAUSE (disease or						_:	i dor.	U JUSEDINI	S X VO		
	in tated the events (C) resulting in death) LAST		NAX OF SURTIME IN THE INDESTRUME CALCE GIVEN IN 107						:	5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	102 OTHER SQUECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESIDENCE IN THE UNDERLYING CAUSE GVEN IN 107 PROBABLE STROKE											
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1129 (if yes, lest type of operation) and case) NO									:	vts X	المستركبين المسترك	
PHYSICIAN'S CERTIFICATION	THE HOUR, DATE, AND PLACE STATED FR Deceders Anended Since	ON THE CAUSES STATED.	JOY KIM EN	IGRI ADE	MD		<i>F.</i> @	(<u>)</u>	Δ107444	4 06/2	23/2016	
	Occoder Reported Street December Law Scientific W. mrt Addrecty (B) mrt Addrecty (B) mrt Addrecty 118 TYPE ATTENDOR FHYSICIANS NAME. WAR MIG ADDRESS. 2P DODE JOY KIM ENGSLADE M.D. 06/21/2016 06/22/2016 152 PIONEER LN STE C, BISHOP, CA 93514											
CORONER'S USE ONLY	119 I CERDEY THAT IN MY DEPAIDN DEATH MANNER OF DEATH NELLIN	OCCURRED AT THE HOUR, DATE, A	NO PLACE STATED FROM	THE CAUSES STATED). Could for be	120 INDURE	D AT WORK?	- BHK	121 INJURY DAT	E mm.dd/ccyr	122. HOUH (24 Hours)	
	123 PLACE Of INJURY(a) g. hone construction stative code gras, etc.)											
	124, DESCRIBE HOW INJURY OCCURRED (Events which resulted in Atrity)											
	123. LOCATION OF INAURY (Street and number, or location, and crty, and ixp)											
٥	126 SIGNATURE OF CORONER DEPUTY CORONER 127 DAIL INVISIONY 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER											
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REGIST	FRAR			1	10100	01003278882°	_	· 1	Α			



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF INYO

HEALTH OF

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY

Cleady Strol Deputy. DATE ISSUED JUL U 6 2016

VANA TELEVISION OF ERASURE VOIDS THIS CERTIFICATE

