DOUGLAS COUNTY, NV
Rec:$16.00
Total:$16.00
KEITH C. WELPUTT

2017-895495
03/06/2017 11:05 AM
Pgs=3

0005174120170895495003032

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:
AND WHEN RECORDED MAIL TO:

KEITH C. WELPUTT
Attorney at Law
P.O. Box 7955
Newport Beach, CA 92658-7955

Space above this line for Recorder's use

MAIL TAX STATEMENTS TO:

Rose M. Hartman
24201 Vista D'Oro
Dana Point, California 92629

APN: #41-210-04

AFFIDAVIT OF DEATH OF SPOUSE

STATE OF CALIFORNIA :
: ss.
COUNTY OF ORANGE :

ROSE M. HARTMAN, of legal age, being first duly sworn, deposes and says:

That EUGENE DAVID HARTMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EUGENE D. HARTMAN named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 27, 1999, executed by ROY THOMAS WEATHERFORD and KATHIE ANN WEATHERFORD, husband and wife, to EUGENE D. HARTMAN AND ROSE M. HARTMAN, Husband and Wife as *Community* Property with Right of Survivorship, recorded as Document No. 1999-478618 on October 13, 1999, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

> Unit 4, Lot 23 Condominium, as set forth on sheet 7 of the Third Amended Map of Tahoe Village Unit 2, filed for record August 14, 1979, as Document No. 35555, Official Records of Douglas County, State of Nevada.
>
> Together with an undivided 1/18th interest in and to those areas designated as Common Areas as set forth on the Map of Lot 23 Condominium, as set forth on sheet 7 of the Third Amended Map of Tahoe Village Unit No. 2, filed for record August 14, 1979, as Document No. 35555, Official Records of Douglas County, State of Nevada.

COPY

That the affiant and the above-named decedent were married on September 27, 1991, and affiant is the widow of decedent;

That the decedent left a Will which is the last complete Will of the decedent, and that this Will devised the subject property to the affiant;

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to California Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the facts set forth above.

Dated: February 16, 2017

Rose M. Hartman

Rose M. Hartman

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 :
: ss.
COUNTY OF ORANGE :

Subscribed and sworn to (or affirmed) before me on this 16th day of February, 2017 by ROSE M. HARTMAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Keith C. Welputt

Notary Public

KEITH C. WELPUTT
Commission # 2034482
Notary Public - California
Orange County
My Comm. Expires Aug 20, 2017

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

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

3052016164736 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 REV 3/06

3201630012939 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): EUGENE
2. MIDDLE: DAVID
3. LAST (Family): HARTMAN
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/28/1943
5. AGE Yrs.: 72
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: MO
10. SOCIAL SECURITY NUMBER: [redacted]2341
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS/SRDP (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 08/16/2016
8. HOUR (24 Hours): 0955
13. EDUCATION – Highest Level/Degree (see worksheet on back): BACHELOR
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: COMMERCIAL PILOT
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): AIR TRANSPORTATION AND SAFETY
19. YEARS IN OCCUPATION: 55

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 24201 VISTA D ORO
21. CITY: DANA POINT
22. COUNTY/PROVINCE: ORANGE
23. ZIP CODE: 92629
24. YEARS IN COUNTY: 25
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: ROSE HARTMAN, WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 24201 VISTA D ORO, DANA POINT, CA 92629

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP–FIRST: ROSE
29. MIDDLE: MARY
30. LAST (BIRTH NAME): FALZON
31. NAME OF FATHER/PARENT–FIRST: MARION
32. MIDDLE: BENJAMIN
33. LAST: HARTMAN
34. BIRTH STATE: IN
35. NAME OF MOTHER/PARENT–FIRST: DORIS
36. MIDDLE: JOSEPHINE
37. LAST (BIRTH NAME): MILLS
38. BIRTH STATE: WV

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 08/25/2016
40. PLACE OF FINAL DISPOSITION: RESIDENCE OF ROSE HARTMAN, 24201 VISTA D ORO, DANA POINT, CA 92629
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: CREMATION SOCIETY OF LAGUNA
45. LICENSE NUMBER: FD2091
46. SIGNATURE OF LOCAL REGISTRAR: ERIC G. HANDLER, M.D.
47. DATE mm/dd/ccyy: 08/23/2016

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other
104. COUNTY: ORANGE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 24201 VISTA D ORO
106. CITY: DANA POINT

CAUSE OF DEATH

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) LUNG CANCER
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(B)
(C)
(D)
Time Interval Between Onset and Death: (AT) MOS; (BT); (CT); (DT)
108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — REFERRAL NUMBER: 16-03581BB
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
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? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

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 (A) mm/dd/ccyy: 05/05/2005
Decedent Last Seen Alive (B) mm/dd/ccyy: 07/28/2016
115. SIGNATURE AND TITLE OF CERTIFIER: DAVID HALLER M.D.
116. LICENSE NUMBER: G80488
117. DATE mm/dd/ccyy: 08/23/2016
118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DAVID HALLER M.D., 30400 CAMINO CAPISTRANO, MISSION VIEJO, CA 92675

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy:
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/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | *010001003323841* | FAX AUTH.# | CENSUS TRACT

CAORANGEDT

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

003822258

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: August 25, 2016

ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE