

DOUGLAS COUNTY, NV

2017-896777

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\$16.00 Pgs=3

04/04/2017 01:02 PM

TICOR TITLE - RENO (MAIN)

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

RAY DORSEY

908 N. Olive Street

Santa Ana, CA 92703

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1700465-AE

APN No.: 1420-33-810-030

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

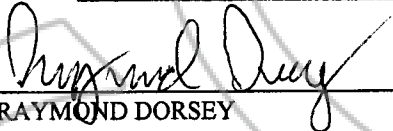
} ss:

RAYMOND DORSEY, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That BEVERLY MAY DORSEY the decedent mentioned in the attached copy of the Certificate of Death, is the same person as BEVERLY DORSEY named as one of the Grantees in that certain Deed from JOHNNIE L. THOMAS AND CAMILLA S. THOMAS, HUSBAND AND WIFE AS JOINT TENANTS to RAYMOND DORSEY AND BEVERLY DORSEY, HUSBAND AND WIFE AS JOINT TENANTS recorded in Book 0194, Page No. 1024 as Instrument No. 326986, on JANUARY 6, 1994 of Official Records of DOUGLAS County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

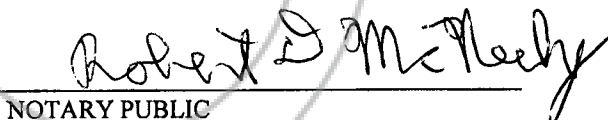
Dated: March 22, 2017

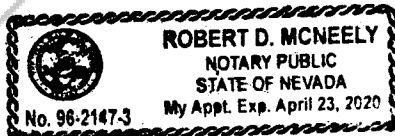

RAYMOND DORSEY

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

This instrument was acknowledged before me on MARCH 24, 2017, by RAYMOND DORSEY


NOTARY PUBLIC



Escrow No.01700465 AE

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 47, IDLE ACRES SUBDIVISION, in the South 1/2 of the Southeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.B. & M., in the County of Douglas, State of Nevada, recorded in the office of the County Recorder on April 5, 1960, as Document No. 15812, Official Records.

APN: 1420-33-810-030



COUNTY OF ORANGE
HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

3052015102924 **CERTIFICATE OF DEATH** 3201530007974
STATE OF CALIFORNIA
USE BLACK OR ONLY THE PRESCRIBED SHORTCUTS OR ABBREVIATIONS
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST NAME BEVERLY		2. MIDDLE MAY		3. LAST NAME DORSEY	
4. DATE OF BIRTH 12/15/1958		5. AGE 56		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER 1837		9. OVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. MARRIAGE STATUS MARRIED		11. DATE OF DEATH 05/14/2015		12. HOUR 1220	
13. EDUCATION - Highest Level Degree HS GRADUATE		14. WAS DECEDENT EMPLOYED BY GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Use to 3 figures only. Do not put "other" or "white". WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food distribution, employment agency, etc.) OWN HOME		18. YEARS IN OCCUPATION 36	
19. DECEDENT'S RESIDENCE (Street and number, if known) 908 N. OLIVE STREET		20. CITY SANTA ANA		21. COUNTY ORANGE	
22. ZIP CODE 92703		23. YEARS IN COUNTY 5		24. STATE/FOREIGN COUNTRY CA	
25. INFORMANT'S NAME, RELATIONSHIP RAYMOND EUDELL DORSEY, HUSBAND		26. INFORMANT'S MAILING ADDRESS (Street and number, if known; then street, city and state) 908 N. OLIVE STREET, SANTA ANA, CA 92703			
27. NAME OF SURVIVING SPOUSE(S)-FIRST RAYMOND		28. MIDDLE EUDELL		29. LAST BIRTH NAME DORSEY	
30. NAME OF SPOUSE(S)-MIDDLE FRED		31. MIDDLE THORTON		32. BIRTH STATE CA	
33. NAME OF SPOUSE(S)-LAST ERNESTINE		34. MIDDLE GARDNER		35. BIRTH STATE MO	
36. DATE OF DEATH 05/28/2015		37. PLACE OF FINAL DISPOSITION RES RAYMOND E DORSEY 908 N. OLIVE STREET, SANTA ANA, CA 92703		38. SIGNATURE OF EMBALMER NOT EMBALMED	
39. TYPE OF DISPOSITION CR/RES		40. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		41. LOCAL REGISTRATION NUMBER FD59	
42. NAME OF FUNERAL ESTABLISHMENT BROWN COLONIAL MORTUARY		43. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		44. DATE 05/26/2015	
45. PLACE OF DEATH RESIDENCE		46. HOSPITAL? SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> HOTEL <input type="checkbox"/> OTHER THAN HOSPITAL, SPECIFY ONE		47. DEATH IN THE HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
48. COUNTY ORANGE		49. PLACE OF DEATH (Street and number, if known) 908 N. OLIVE STREET		50. CITY SANTA ANA	
51. CAUSE OF DEATH COMPLICATION OF MULTIPLE SCLEROSIS		52. ICD-10 CODE UNK		53. ICD-10 CODE 15-02094-8B	
54. IMMEDIATE CAUSE COMPLICATION OF MULTIPLE SCLEROSIS		55. ICD-10 CODE UNK		56. ICD-10 CODE 15-02094-8B	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not resulting in the underlying cause given in 51) NONE		58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 112? If yes, list type of operation and date. NO		59. ICD-10 CODE NO	
60. ICD-10 CODE NONE		61. SIGNATURE AND TITLE OF CERTIFIER MEHRDAD MAHDAD M.D.		62. LICENSE NUMBER A42941	
63. DATE 07/01/2010		64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MEHRDAD MAHDAD M.D. 11160 WARNER AVE #111, FOUNTAIN VALLEY, CA 92708		65. DATE 05/22/2015	
66. ICD-10 CODE 11-08-2012		67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MEHRDAD MAHDAD M.D. 11160 WARNER AVE #111, FOUNTAIN VALLEY, CA 92708		68. DATE 05/22/2015	
69. NUMBER OF DEATHS <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Certificate not submitted <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		70. ICD-10 CODE 11-08-2012		71. ICD-10 CODE 11-08-2012	
72. PLACE OF INJURY (Street and number, if known, and city and state)		73. DATE 11/08/2012		74. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
75. DISCRIMINE HOW INJURY OCCURRED (Events which resulted in injury)		76. DATE 11/08/2012		77. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
78. LOCATION OF INJURY (Street and number, if known, and city and state)		79. DATE 11/08/2012		80. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
81. SIGNATURE OF CORONER/DEPUTY CORONER		82. DATE 11/08/2012		83. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	



STATE OF CALIFORNIA
COUNTY OF ORANGE

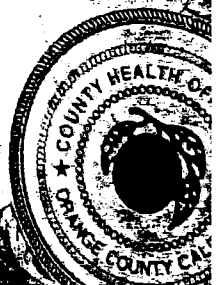
CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **MAY 29 2015**

003641058

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.

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



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