

APN# 1318-23-210-032

**Recording Requested by/Mail to:**

Name: Wright, Finlay & Zak, LLP

Address: 4665 MacArthur Ct., Suite 200

City/State/Zip: Newport Beach, CA 92660

**Mail Tax Statements to:**

Name: U.S. Bank Trust, As Trustee for LSFP Master Participation Trust

Address: 13801 Wireless Way

City/State/Zip: Oklahoma City, OK 73134

**Affidavit-Death of Joint Tenant**

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

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

Recording Requested by:  
David W. Yates

When recorded return to:

David W. Yates  
P.O. Box 12046  
Reno, NV 89510

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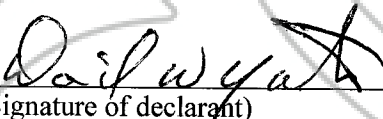
## AFFIDAVIT – DEATH OF JOINT TENANT

Assessor's Parcel No.: 1318-23-210-032

DAVID W. YATES, of legal age, being first duly sworn, deposes and says:

LORI J. YATES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LORI JEAN YATES, named as one of the parties in that certain deed dated OCTOBER 21, 2008, and executed by DAVID W. YATES AND LORI J. YATES, HUSBAND AND WIFE AS JOINT TENANTS to QUICKEN LOANS, INC., recorded on NOVEMBER 12, 2008 as Instrument No 0732973, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

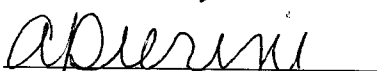
Dated 2/3/2017

  
\_\_\_\_\_  
(Signature of declarant)

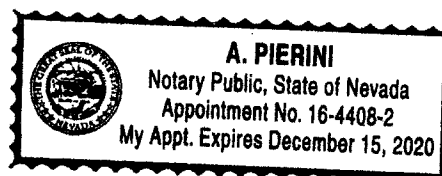
DAVID W. YATES

State of Nevada  
County of WASHOE

Signed and sworn (or affirmed) before me on 02/03/17 (date) by DAVID YATES (name(s) of person(s) making statement).

  
\_\_\_\_\_  
(Signature of notarial officer)  
Title (and Rank)

ACCOMODATION  
This Document delivered to Recorder  
As an accomodation only at the  
Express request of the parties hereto.  
It has not been examined as to  
its effect or validity



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

**2014011681**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Lori Jean YATES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 17, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Steline</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>216 Clubhouse Circle</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>55</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 07, 1958</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>David William YATES</b>		13. SOCIAL SECURITY NUMBER <b>██████████-9478</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Steline</b>	
15d. STREET AND NUMBER <b>216 Clubhouse Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roger W LOTZE</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Patricia MORDHORST</b>		18a. INFORMANT- NAME (Type or Print) <b>David W YATES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>216 Clubhouse Circle Steline, Nevada 89449</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LEWIS NOEL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>621</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
21a. TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>STEVEN LAURENCE BROOKS M.D.</b> <b>SIGNATURE AUTHENTICATED</b>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 21, 2014</b>		21c. HOUR OF DEATH <b>18:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven Laurence Brooks M.D. PO Box 5637 Steline, NV 89449</b>		23b. LICENSE NUMBER <b>5124</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 23, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

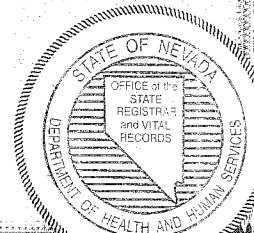
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **07/25/2014**

*R. D. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

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



3781869

**EXHIBIT "A"**

Lot 35, of Lake Village, Unit No. 2-A, as shown on the Official Map filed in the office of the County Recorder of Douglas County, Nevada, on August 9, 1972, as Document No. 61076.

**Assessor's Parcel No:** 1318-23-210-032

