

20-

APN# 1320-33-717-005



00053688201708971690070079

Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: EDWARD LIX

Address: 5627 BRETMOOR DRIVE

City/State/Zip: ORANGEVALE, CA 95662

Mail Tax Statements to:

Name: EDWARD LIX

Address: 5627 BRETMOOR DRIVE

City/State/Zip: ORANGEVALE, CA ~~95662~~
95662

Affidavit of Death

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)

Edward Lix

Signature

EDWARD LIX

Printed Name

This document is being (re-)recorded to correct document # 0677071, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Edward Lix, residing at 5627 Bretmoor Drive, Orangevale, California 95662, being of legal age, depose and say that:

That Dana Lookadoo, 5627 Bretmoor Drive, Orangevale, California 95662 died on September 14, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

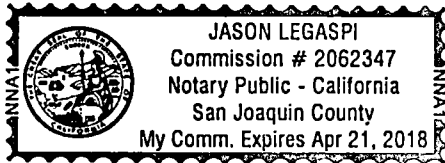
Oath or Affirmation:

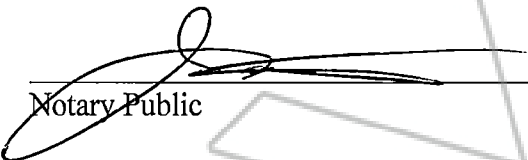
I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Edward Lix EDWARD LIX
4-3-17 Date

~~CALIFORNIA~~, SAN JOAQUIN county
STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 3rd day of APRIL,
2017 by Edward Lix, who, being first duly sworn on oath according to law, deposes and says
that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated
herein are true to the best of his/her information, knowledge and belief.




Notary Public

NOTARY PUBLIC
Title (and Rank)

My commission expires APRIL 21, 2018

APN: 1320-33-717-005

RPTT \$ Full Value Full Value less liens

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0606 PG- 3792 RPTT: # 5

✓ **WHEN RECORDED MAIL TO:**
Name DANA L LOOKADOO
Street 1352 WESTMINSTER PLACE
Address
City,State GARDNERVILLE, NV 89410
Zip

MAIL TAX STATEMENTS TO:
Name SAME AS ABOVE
Street
Address
City,State
Zip
Order
No.



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, DANA L. LOOKADOO, A MARRIED WOMAN WHO ACQUIRED TITLE AS DANA L. LOOKADOO AN UNMARRIED WOMAN do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to EDWARD S. LIX AND DANA L. LOOKADOO, HUSBAND AND WIFE AS JOINT TENANTS, and to the heirs and assigns of such Grantee forever, all the following real property situated in the County of DOUGLAS, State of Nevada bounded and described as follows:

LOT 14 IN BLOCK B. OF CHICHESTER ESTATES PHASE 9, FINAL SUBDIVISION MAO 1006-9 ACCORDING TO THE MAP THEREOF FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 27, 2001 IN BOOK 1101 AT PAGE 7916 AS DOCUMENT NO. 528504

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: MAY 31, 2005



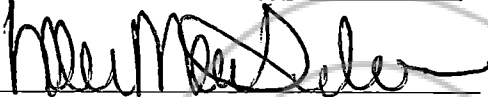
DANA L. LOOKADOO

STATE OF NEVADA

COUNTY OF DOUGLAS

This instrument was acknowledged before me on
MAY 31 2005

by DANA L. LOOKADOO



Notary Public

} ss

 LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 97-2081-5 - Expires April 26, 2009

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052015182452

CERTIFICATE OF DEATH

3201534008544

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITED OUTS OR ALTERATIONS VS-1 (REV 5/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) DANA		2 MIDDLE LEA		3 LAST (Family) LOOKADOO		
	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 08/24/1961	5 AGE Yrs. 54	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
	9 BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER -3705	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS/SRDP* (at Time of Death) MARRIED	7 DATE OF DEATH mm/dd/ccyy 09/14/2015	8 HOUR (24 Hours) 0424	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (1=yes see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SEARCH ENGINE MARKETING			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MARKETING		19 YEARS IN OCCUPATION 20		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or location) 109 WOODVIEW CRT.						
	21. CITY FOLSOM	22 COUNTY/PROVINCE SACRAMENTO		23 ZIP CODE 95630	24 YEARS IN COUNTY 8	25. STATE/FOREIGN COUNTRY CA	
	28 INFORMANT'S NAME, RELATIONSHIP EDWARD LIX, HUSBAND			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 109 WOODVIEW CRT., FOLSOM, CA 95630			
SPOUSE/SRDP AND PARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SRDP - FIRST EDWARD		29 MIDDLE S		30 LAST (BIRTH NAME) LIX		
	31 NAME OF FATHER/PARENT - FIRST JAMES		32 MIDDLE -		33 LAST LOOKADOO		34 BIRTH STATE AR
	35 NAME OF MOTHER/PARENT - FIRST BETTY		36 MIDDLE RUTH		37 LAST (BIRTH NAME) CHILDERS		38 BIRTH STATE AR
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/ccyy 09/22/2015		40 PLACE OF FINAL DISPOSITION RES: EDWARD LIX HUSBAND 109 WOODVIEW CRT., FOLSOM, CA 95630				
	41 TYPE OF DISPOSITION(S) CR/RES			42 SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43 LICENSE NUMBER -	
	44 NAME OF FUNERAL ESTABLISHMENT MILLER FUNERAL HOME		45 LICENSE NUMBER FD467	46 SIGNATURE OF LOCAL REGISTRAR ▶ OLIVIA KASIRYE, MD		47 DATE mm/dd/ccyy 09/21/2015	
	101 PLACE OF DEATH RESIDENCE - OWN						
PLACE OF DEATH	104 COUNTY SACRAMENTO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 109 WOODVIEW COURT			106 CITY FOLSOM	
	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.					Time Interval Between Onset and Death	
	IMMEDIATE CAUSE (A) PENDING					(AT) PEND	108 LEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	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					(BT) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REFERRAL NUMBER 15-04732
						(CT) 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(DT) 111 USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)						113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 _____ Decedent Last Seen Alive _____		115 SIGNATURE AND TITLE OF CERTIFIER ▶			116 LICENSE NUMBER	
	(A) mm/dd/ccyy	(B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				
CORONER'S USE ONLY	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/ccyy		122 HOUR (24 Hours)
	MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined						
	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 JENNIFER BECKER			127. DATE mm/dd/ccyy 09/18/2015		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JENNIFER BECKER, DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

AMENDED
1 OF 2

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

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED **August 24, 2016**



001604996

Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PHYSICIAN/CORONER'S AMENDMENT

3052015182452

STATE FILE NUMBER

1.1

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201534008544

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST DANA	1B. MIDDLE LEA	1C. LAST LOOKADOO	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 09/14/2015	4. CITY OF EVENT FOLSOM	5. COUNTY OF EVENT SACRAMENTO	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING	ASPHYXIA
107AT	PEND	MINUTES
112		NONE
113		NO
119	PENDING INVESTIGATION	HOMICIDE
120		NO
121		09/14/2015
122		0411
123		RESIDENCE - OWN
124		THE DECEDENT ASPHYXIATED AT THE HANDS OF ANOTHER.
125		109 WOODVIEW COURT, FOLSOM, CA 95630

LIST ONE ITEM PER LINE

AMENDED
2 OF 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER
ZHANNA KHABATYUK

10. DATE SIGNED—MM/DD/CCYY
08/21/2016

11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
DEPUTY CORONER

12. ADDRESS—STREET and NUMBER
4800 BROADWAY, SUITE 100

13. CITY
SACRAMENTO

14. STATE
CA

15. ZIP CODE
95820

STATE/LOCAL REGISTRAR USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR
STATE REGISTRAR - OFFICE OF VITAL RECORDS

17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
08/23/2016

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV. 1/08)

020101003325649

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

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DATE ISSUED **August 24, 2016**

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001604998

Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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CASACRAM01