

20



KAREN ELLISON, RECORDER

APN# 1219-15-002-060

Recording Requested by/Mail to:

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

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 # 0677072, 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.

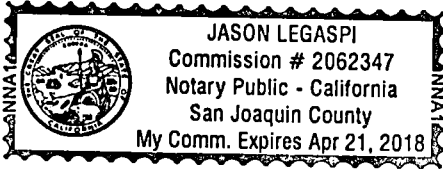
Edward Lix
4-3-17

EDWARD LIX

Date

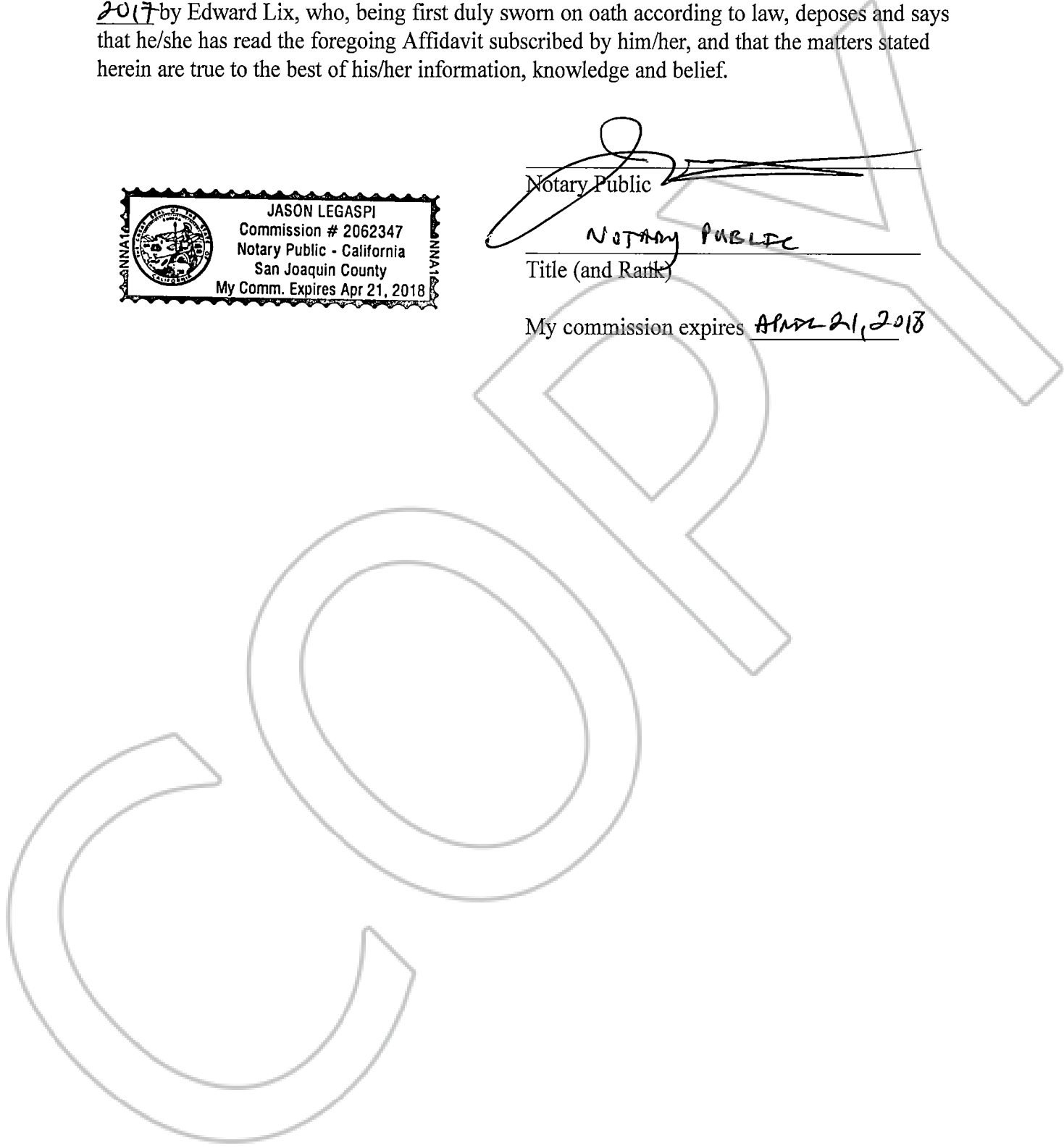
CALIFORNIA, SAN JOAQUIN COUNTY
STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 3rd day of MAY,
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.



[Signature]
Notary Public
NOTARY PUBLIC
Title (and Rank)

My commission expires APRIL 21, 2018



OFFICIAL RECORD

Requested By:
EDWARD LIX

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0606 PG-3794 RPTT: # 5



APN: 1219-15-002-060
RPTT \$#5 Full Value Full Value less liens

WHEN RECORDED MAIL TO:

Name Edward S. Lix
Street P.O. Box 2347
Address
City,State Minden, NV 89423
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, Edward S. Lix, a married man who acquired title as an unmarried man, do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to Edward S. Lix and Dana Lookado, Husband and Wife as Joint Tenants, and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of N/A, County of Douglas, State of Nevada bounded and described as follows:

Parcel 4G as set forth on Parcel Map #3 LDA 01-015 Mikim Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 13, 2002 in Book 0802 at Page 3356, as Document No. 549323.

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

Dated: June 12, 2006

Edward S. Lix

Edward S. Lix

STATE OF NEVADA

COUNTY OF Douglas

} ss

This instrument was acknowledged before me on

by Edward S. Lix

Lori Mae Silva

Notary Public



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, WHITOUTS OR ALTERATIONS VS-1 (REV 3/06)				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
	6. 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	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES	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		
	26. 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 DIRECTORY/ 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
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE - OWN			102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERDP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other	
	104. COUNTY SACRAMENTO	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 109 WOODVIEW COURT			106. CITY FOLSOM		
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) PENDING					108. INTERVAL BETWEEN Onset and Death (AT) PEND	109. DEATH REPORTED TO COCORNER? <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)	110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						(CT)	111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
						(DT)	112. 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 (A) mm/dd/ccyy (B) mm/dd/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶			116. LICENSE NUMBER	117. DATE 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"/> Accidents <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) AMENDED 1 OF 2						
	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

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**

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



001604996

Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR



CASACRMOJ

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

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



FORM VS 24Ae (REV. 1/08)

020101003325649

1.1

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

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001604998

Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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CASACRAMOJ