

APN: 1318-23-810-065  
When Recorded Return To:  
Julia S. Gold  
Law Offices of Julia S. Gold, P.C.  
548 West Plumb Lane, Suite B  
Reno, NV 89509



KAREN ELLISON, RECORDER

Mail Tax Information To:  
Evelyn K. Ledgerwood  
9942 Spinnaker Dr.  
Huntington Beach, CA 89449  
The undersigned hereby affirms that this document  
submitted for recording does contain the social security  
number of the Decedent. NRS 440.380

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of Nevada )  
County of Douglas )

EVELYN K. LEDGERWOOD, of legal age, being first duly sworn, deposes and says:

1. That JAMES CLARKE LEDGERWOOD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES C. LEDGERWOOD, named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated February 27, 1998, executed by EVELYN GRASSIS, Trustee of the Testamentary Trust under the Will of Mary Grassis, recorded as Document No. 0434013, Book 0398, Page 0704 on March 4, 1998, in the Official Records County of Douglas, State of Nevada, described as follows:

Lot 17, Block D, as shown on the official map of KINGSBURY MEADOWS SUBDIVISION, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.

(commonly known as: 181 Meadow Lane, Stateline, Nevada)

2. That upon the death of JAMES CLARKE LEDGERWOOD, title in the above referenced property is now vested in EVELYN K. LEDGERWOOD.

Dated: ~~April~~ <sup>July</sup> 13, 2017.

*Evelyn K. Ledgerwood*  
EVELYN K. LEDGERWOOD

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 )  
County of LOS ANGELES)

Subscribed and sworn to (or affirmed) before me this 13 day of ~~April~~ <sup>July</sup>, 2017, by EVELYN K. LEDGERWOOD, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Diana De Haven  
NOTARY PUBLIC  
Commission Number:  
My Commission Expires:



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

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

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, and STATE REGISTRAR.

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

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

DATE ISSUED 031 SEP 27 2006

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