

APN# : 1220-21-510-228

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Constance Ann Heguiagaray

1206 Golden Court

Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Laeha Hill

Escrow Assistant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Constance Ann Heguiagaray, of legal age, being first duly sworn, deposes and says:

That Greg Heguiagaray, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Greg Heguiagaray named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/22/2015 executed by James K. Delaune and Donna L. Delaune, husband and wife as joint tenants to Greg Heguiagaray and Constance Ann Heguiagaray, husband and wife as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 2015-867828, on 8/11/2015, in Book N/A, Page N/A, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 255 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at Page 006, as Document No. 71399.

Dated 10/20/17

Constance Ann Heguiagaray,
Surviving Joint Tenant
Constance Ann Heguiagaray, Surviving Joint
Tenant

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on 10/20/17,

by Constance Ann Heguiagaray.



LaeHa P. Hill
Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

3052015189132

CERTIFICATE OF DEATH

3201534008859

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER							
1 NAME OF DECEDENT - FIRST (Given) GREGORY		2 MIDDLE ALEX		3 LAST (Family) HEGUIAGARAY									
4 AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)						4 DATE OF BIRTH mm/dd/yyyy 09/23/1946		5 AGE Yrs 69		6 UNDER ONE YEAR Months Days Hours Minutes		7 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER -0241		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/BROD (in Year of Death) MARRIED		7 DATE OF DEATH mm/dd/yyyy 09/25/2015		8 HOUR (24 Hours) 1625			
13 EDUCATION - Highest Level/Degree (See worksheet on back) MASTER'S		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 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 SCHOOL TEACHER				18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real consultant, employment agency, etc.) EDUCATION				19 YEARS IN OCCUPATION 35					
20 DECEDENT'S RESIDENCE (Street and number, or location) 8800 BADER RD.													
21 CITY ELK GROVE			22 COUNTY/PROVINCE SACRAMENTO			23 ZIP CODE 95624		24 YEARS IN COUNTY 40		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME, RELATIONSHIP CONSTANCE HEGUIAGARAY, WIFE						27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 8800 BADER RD, ELK GROVE, CA 95624							
28 NAME OF SURVIVING SPOUSE/BROD - FIRST CONSTANCE			29 MIDDLE ANNE		30 LAST (BIRTH NAME) LERZA								
31 NAME OF FATHER/PARENT - FIRST GREGORIO			32 MIDDLE O		33 LAST HEGUIAGARAY			34 BIRTH STATE CA					
35 NAME OF MOTHER/PARENT - FIRST MABEL			36 MIDDLE HARRIET		37 LAST (BIRTH NAME) RUBELL			38 BIRTH STATE CA					
39 DISPOSITION DATE mm/dd/yyyy 10/02/2015		40 PLACE OF FINAL DISPOSITION MERCED DISTRICT CEMETERY 1300 B ST., MERCED, CA 95341											
41 TYPE OF DISPOSITION(S) BU			42 SIGNATURE OF EMBALMER ▶ DONALD KELLERHALL						43 LICENSE NUMBER EMB8364				
44 NAME OF FUNERAL ESTABLISHMENT HERBERGER FAMILY ELK GROVE FUNERAL CHAPEL			45 LICENSE NUMBER FD1877		46 SIGNATURE OF LOCAL REGISTRAR ▶ OLIVIA KASIRYE, MD			47 DATE mm/dd/yyyy 09/30/2015					
101 PLACE OF DEATH OWN RESIDENCE													
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other										
104 COUNTY SACRAMENTO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 8800 BADER ROAD						106 CITY ELK GROVE					
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: CARDIOPULMONARY ARREST 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 METASTATIC COLORECTAL CANCER													
108 DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						109 BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
110 AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						111 USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>							
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE													
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO										113A IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Alleged Status: Alive				115 SIGNATURE AND TITLE OF CERTIFIER ▶ JASON KENNETH GRITTI M D				116 LICENSE NUMBER A130170		117 DATE mm/dd/yyyy 09/30/2015			
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REKHA MAMIDI M.D 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined											
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
121 INJURY DATE mm/dd/yyyy													
122 HOUR (24 Hours)													
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						127 DATE mm/dd/yyyy			128 TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR													
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 in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED:

JUN 23 2017

001682194

Donna Allred
DONNA ALLRED, COUNTY CLERK/RECORDER
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.

CASACRAMO