

APN# : 1420-32-002-020

Recording Requested By:

Western Title Company

When Recorded Mail To:

Melba Stugart

1011 Mountain View Drive

Hemet, CA 92545

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 _____

Wendy Dunbar

Escrow Officer

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

Melba Stugart, of legal age, being first duly sworn, deposes and says:

That William Lee Stugart, Sr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Lee Stugart, Sr. named as one of the parties in that certain Deed of Trust dated 2/3/2003 executed by William Lee Stugart and Susan Stugart to William Lee Stugart and Susan Stugart as joint tenants, recorded as instrument No. 566588, on 2/7/2003, in Book0203, Page 2702, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Parcel 3-A as shown on that certain Parcel Map of Joe F. and Suzanne Schulz, filed for record in the office of the County Recorder, State of Nevada on December 20, 1988, in Book 1288, at Page 2752 as File No. 192990, Official Records of Douglas County, Nevada.

Dated 10-31-2017

Melba Stugart
Melba Stugart, Surviving Joint Tenant

STATE OF _____ ISS

COUNTY OF _____

This instrument was acknowledged before me on _____

by _____

Notary Public

Acknowledgment
Attached



All-purpose Acknowledgment California only

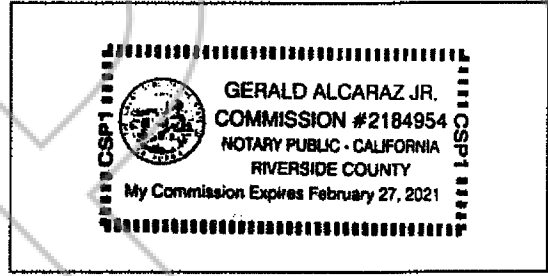
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

On 10/31/2017 before me, Gerald Alcaraz Jr Notary Public (here insert name and title of the officer),

personally appeared Melba Luise Stugart

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Notary Seal

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

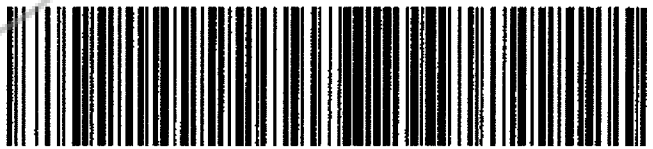
For Bank Purposes Only

Description of Attached Document _____

Type or Title of Document Affidavit - Death of Joint Tenant

Document Date 10/31/2017 Number of Pages 2

Signer(s) Other Than Named Above None



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3201436004770

Form containing fields for decedent's personal data, usual residence, informant and family information, spouse/parent and family information, federal directory/ local registrar, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Signature of Maxwell Chikhuare, M.D., County Health Officer, Registrar of Vital Statistics.



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

