

APN# : 1023-17-001-007

Recording Requested By:

Western Title Company

When Recorded Mail To:

Joan M. McGee

22 Cadillac Dr. #245

Sacramento, CA 95825

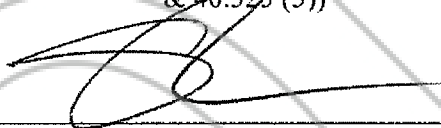
Mail Tax Statements to: (deeds only)

Same as above

(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) & 40.523 (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

Joan M. McGee, of legal age, being first duly sworn, deposes and says:

That Charles Hugh McGee, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Hugh McGee named as one of the parties in that certain Individual Grant Deed dated 2/26/1993 executed by Charles Hugh McGee and Joan M. McGee, husband and wife and Timothy P. McGee and Jill K. McGee, husband and wife and Hugh F. McGee, a single man to JOAN M. MC GEE AND CHARLES HUGH MC GEE, HUSBAND AND WIFE AS JOINT TENANTS AS TO AN UNDIVIDED 25% INTEREST AND HUGH F. MC GEE, A SINGLE MAN AS TO AN UNDIVIDED 25% INTEREST AND TIMOTHY P. MC GEE AND JILL K. MC GEE, HUSBAND AND WIFE AS JOINT TENANTS AS TO AN UNDIVIDED 25% INTEREST AND DENNIS M. MC GEE AND PATTI MC GEE HUSBAND AND WIFE AS TO AN UNDIVIDED 12.5% INTEREST AND CATHLEEN M. MC GEE, AN UNMARRIED WOMAN AS TO AN UNDIVIDED 12.5% INTEREST, recorded as instrument No. 302035, on 3/15/1993, in Book393, Page 2969, 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:

The Southwest 1/4 of the Northwest 1/4 of Section 17, Township 10 North, Range 23 East, M.D.B.&M., Douglas County, Nevada.

Dated 03-19-18

Joan M McGee
Joan M. McGee, Surviving Joint Tenant

STATE OF _____ ;SS

COUNTY OF _____

This instrument was acknowledged before me on _____

by _____

Notary Public

see attached

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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.

File No: n(RS)
APN No:

STATE OF CALIFORNIA
COUNTY OF Sacramento

On 3/19/18, before me, Amanda Stahl, Notary Public, personally appeared Joan M. McEel

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) 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.

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 Amanda Stahl



This area for official notarial seal.

OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT
CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

- Individual (checked)
Corporate Officer(s) Title(s)
Partners: Limited, General
Attorney in Fact
Guardian/Conservator
Trustee(s)
Other

SIGNER IS REPRESENTING:

Name of Person or Entity

Name of Person or Entity

OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

Title or type of document: Affidavit - Death of Joint Tenant
Number of pages: 1
Date of document: 3/19/18
Signer(s) other than named above: N/A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052016221427

CERTIFICATE OF DEATH

3201634009899

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) CHARLES		2. MIDDLE HUGH		3. LAST (Family) MC GEE	
4. DATE OF BIRTH mm/dd/yyyy 03/19/1934		5. AGE Yrs 82		8. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER -9346		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/11/2016		8. HOUR (of Hours) 1210	
13. EDUCATION - Highest Level (Degree) (see worksheet on back) SOME COLLEGE		14-15. WAS DECEDENT HISPANIC/LAT INDIAN/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of the DO NOT USE RETIRED SENIOR TAX REPRESENTATIVE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE OF CALIFORNIA		19. YEARS IN OCCUPATION 18	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6885 EWING WAY					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95828	
24. YEARS IN COUNTY 36		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP JOAN MCGEE, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6885 EWING WAY, SACRAMENTO, CA 95828		
28. NAME OF SURVIVING SPOUSE/SPOPP - FIRST JOAN		29. MIDDLE MARGARET		30. LAST (BIRTH NAME) WIESER	
31. NAME OF FATHER/PARENT - FIRST HUGH		32. MIDDLE FRANCIS		33. LAST MC GEE	
34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT - FIRST WILHELMINA		36. MIDDLE FRANCES	
37. LAST (BIRTH NAME) KIEFER		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 11/15/2016		40. PLACE OF FINAL DISPOSITION ST. MARY'S CEMETERY 6700 21ST AVENUE, SACRAMENTO, CA 95820			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1909		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy 11/15/2016					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OR <input type="checkbox"/> HOME		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Housing <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Daycare/Respite <input type="checkbox"/> Other <input type="checkbox"/>	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6800 BRUCEVILLE RD		106. CITY SACRAMENTO, CA	
107. CAUSE OF DEATH Enter the chain of events - i.e., disease, injury, or combination - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (1) Vital disease or condition resulting in death (A) SEPSIS DUE TO URINARY TRACT INFECTION		108. IF OTHER THAN HOSPITAL, SPECIFY ONE Date Injured and Date of Death (A) DY		109. IF REPORTED TO DOD/DOH BY PHYSICIAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE STROKE					
114. I CERTIFY TRUE 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 11/10/2016 11/11/2016		115. SIGNATURE AND TITLE OF CERTIFIER MOHAMMAD REZA KORDOUNI M.D.		116. LICENSE NUMBER A94391	
117. DATE 11/14/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MOHAMMAD REZA KORDOUNI M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823			
119. I CERTIFY TRUE 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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (of 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		A B C D E		FAX AUTH.#	
				GENSUS TRACT	
				"010001003394288"	

**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 **November 17, 2016**



001620905

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

