

APN# 1221-05-002-032



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Doreen Castro

Address: 1329 Hwy 395 Ste. 20-314

City/State/Zip: Saldnerville, NV 89410

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit of Death Saint Tenant
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)

[Signature]
Signature

Doreen Castro
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

_____.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

I, DOREEN CASTRO, hereby swear under penalty of perjury that the following assertions are true of my own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am DOREEN CASTRO, the person named as one of the grantees in that certain GRANT, BARGAIN AND SALE DEED recorded as Instrument No. 0707765 in Book 0807, Page 05537, of the Official Records in the Office of the County Recorder of Douglas County, Nevada, a copy of which is attached hereto.

3. The real property which is the subject of the above-described deed is located in the county of Douglas County, state of Nevada, and is more particularly described as follows:

Lot 79, as shown on the Official Map of FISH SPRINGS ESTATES, file for record in the Office of the Douglas County Recorder, State of Nevada, on August 30, 1973, Book 873, Page 1006, as Document No. 68451, Official Records.

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4. MICHAEL NELSON was one of the grantees named in said deed and is the identical person named as MICHAEL NELSON, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

5. As recited in the above-described Certificate of Death, MICHAEL NELSON died on the 20TH day of February, 2018, in Monterey County, Salinas, California.

DATED this 28th day of March, 2018.



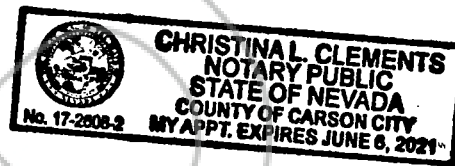
DOREEN CASTRO

SUBSCRIBED and SWORN to before me

this 28th day of March, 2018.



NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY Salinas, California

CERTIFIED COPY OF VITAL RECORDS

3052018045029

CERTIFICATE OF DEATH

3201827000412

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS. VS-1 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		2. MIDDLE LAWRENCE		3. LAST (Family) NELSON	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) MIKE NELSON		4. DATE OF BIRTH mm/dd/yyyy 12/01/1953		5. AGE Yrs. 64 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 8746		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)		7. DATE OF DEATH mm/dd/yyyy 02/20/2018		8. HOUR (24 Hours) 0854	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF EMPLOYED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PHOTOGRAPHY AND ART REPRODUCTION		19. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) 992 ASPEN GROVE CIRCLE					
21. CITY MINDEN		22. COUNTY/PRC/VINCE DOUGLAS		23. ZIP CODE 89423	
24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP GAGE ADAM NELSON, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1234 STANHOPE LANE, APT. 263, HAYWARD, CA 94545		
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST CYRIL		32. MIDDLE JESSE		33. LAST NELSON	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT - FIRST FRANCES		36. MIDDLE HONORINE	
37. LAST (BIRTH NAME) NELSON		38. BIRTH STATE UNKNOWN			
39. DISPOSITION DATE mm/dd/yyyy 03/01/2018		40. PLACE OF FINAL DISPOSITION SCATTERED AT LAKE TAHOE, NV			
41. TYPE OF DISPOSITION(S) CR/TR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MARINA CREMATION & BURIAL ALTERNATIVES		45. LICENSE NUMBER FD1837		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L. MORENO, MD	
47. DATE mm/dd/yyyy 02/28/2018					
101. PLACE OF DEATH NATIVIDAD MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY MONTEREY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1441 CONSTITUTION BOULEVARD		106. CITY SALINAS	
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 circulatory stagnation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) INTRACRANIAL HEMORRHAGE (C) FALL		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8 HRS		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8 HRS	
110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8 HRS		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
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					
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: 02/20/2018 Decedent Last Seen Alive: 02/20/2018		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW MCCAGUE D.O.		116. LICENSE NUMBER 20A10910	
117. DATE mm/dd/yyyy 02/20/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW MCCAGUE D.O., 1441 CONSTITUTION BOULEVARD, SALINAS, CA 93906		119. DATE mm/dd/yyyy 02/28/2018	
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 checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 02/20/2018	
122. HOUR (24 Hours) 0044					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) HOTEL STAIRWELL					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT FELL IN STAIRWELL, STRIKING HIS HEAD					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 1 OLD GOLF COURSE ROAD, MONTEREY, CA 93940					
126. SIGNATURE OF CORONER / DEPUTY CORONER DIANA SCHUMACHER		127. DATE mm/dd/yyyy 02/28/2018		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER DIANA SCHUMACHER, DETECTIVE CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				010001003813421	

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

MAR 01 2018

DATE ISSUED



By: *[Signature]* Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

PENCO (R) 01/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

