

A.P.N.: 1022-15-001-093
File No: 143-2539431 (mk)

When Recorded return to, and mail Tax Statements to:

Donna C. West
301 Burden Terrace
Paradise, CA 95969

AFFIDAVIT - TERMINATING JOINT TENANCY

Donna C. West, of legal age, being first duly sworn, deposes and says:

That **Charles Lee West**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Charles L. West** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **9-12-2004** executed by **W.C. Dunlap Trustee of the Survivors Trust created under the Dunlap Living Trust dated 7/9/1998** to **Donna C. West and Charles L. West** as joint tenants, recorded as Document No. **0627725** on **10-26-2004** in Book **1004** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 11, IN BLOCK V, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS DOCUMENT NO. 50212.

Donna West 4-4-18

Donna C. West

Date

STATE OF California)
) :ss.
COUNTY OF Butte)

This instrument was acknowledged before me on this:
4th day of April, 2018

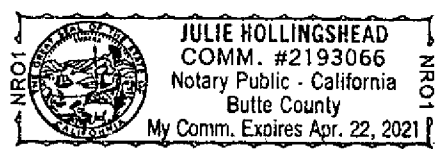
By: **Donna C. West**

By: _____ / Its: _____

Julie Hollingshead

Notary Public

(My commission expires: 4/22/21)



CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

3052013007014

CERTIFICATE OF DEATH
USE BLACK INK ONLY / NO STAMPS, SIGNATURES OR ALTERATIONS

3201307000234

1. NAME OF DECEDENT - FIRST (Given) CHARLES		2. MIDDLE LEE		3. LAST (Family) WEST	
4. DATE OF BIRTH mm/dd/yyyy 07/17/1932		5. AGE Yrs. 80		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 01/11/2013		8. HOUR 1805		9. HOUR 1805	
10. SOCIAL SECURITY NUMBER 6734		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Type 06		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? <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 SMALL BUSINESS OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, construction, employment agency, etc.) CONSTRUCTION		19. YEARS BY OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3959 GRANITE WAY					
21. CITY WELLINGTON		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89444	
24. YEARS IN COUNTY 10		25. STATUS/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP DONNA WEST, WIFE	
27. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST DONNA		28. MIDDLE CARMELITA		29. LAST (BIRTH NAME) MEDLEY	
30. NAME OF FATHER/MOTHER-FIRST FAYE		31. MIDDLE EDWARD		32. LAST WEST	
33. NAME OF MOTHER/MOTHER-FIRST MYRTLE		34. MIDDLE ARGUSTUS		35. LAST (BIRTH NAME) BOOTS	
36. DEPOSITION DATE mm/dd/yyyy 01/17/2013		37. PLACE OF FINAL DISPOSITION RESIDENCE OF DONNA WEST 3959 GRANITE WAY, WELLINGTON, NV 89444			
38. TYPE OF DISPOSITION CR/TR/RES		39. SIGNATURE OF EMBALMER NOT EMBALMED		40. LICENSE NUMBER	
41. NAME OF FUNERAL ESTABLISHMENT DAN SCALES FUNERAL SERVICES INC		42. LICENSE NUMBER FD274		43. SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
44. DATE mm/dd/yyyy 01/16/2013		45. LICENSE NUMBER A94208			
101. PLACE OF DEATH JOHN MUIR MEDICAL CENTER					
102. COUNTY CONTRA COSTA		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2540 EAST STREET		104. CITY CONCORD	
105. CAUSE OF DEATH ACUTE RESPIRATORY FAILURE COMMUNITY ACQUIRED PNEUMONIA					
106. DEATH REPORTED TO CORONER Days 0		107. DEATH REPORTED TO CORONER Days 0		108. DEATH REPORTED TO CORONER Days 0	
109. DEATH REPORTED TO CORONER Days 0		110. DEATH REPORTED TO CORONER Days 0		111. DEATH REPORTED TO CORONER Days 0	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH ALZHEIMER'S DEMENTIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC RESPIRATORY FAILURE, SEVERE PROTEIN CALORIE MALNUTRITION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? <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 Attended State: <input type="checkbox"/> Decedent Left State: <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER YASHWANT SINGH MEHTA M.D.		116. LICENSE NUMBER A94208	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STACY DAU LY M.D.		118. 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			
119. PLACE OF INJURY (e.g., home, administration site, wooded area, etc.)		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. SIGNATURE OF CORONER / DEPUTY CORONER					
124. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA } SS

DATE ISSUED **JAN 24 2013**



000985221

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

