

APN# 1318--10-317-002



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: Sharon K. Bubar
Address: 11153 James Pl
City/State/Zip: Cerritos, CA 90703

Mail Tax Statements to:
Name: Sharon K. Bubar
Address: 11153 James pl.
City/State/Zip: Cerritos, CA 90703

Affidavit - Death of Joint Tenant

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain 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

Sharon K. Bubar

Printed Name

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

APN: 1318-10-317-002

RECORDING REQUESTED BY:

Sharon K. Bubar
11153 James Pl.
Cerritos, CA 90703

AFTER RECORDATION, RETURN BY MAIL TO:

Sharon K. Bubar
11153 James Pl.
Cerritos, CA 90703

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF)


Sharon K. Bubar, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Barry Bubar named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 12, 2001, executed by Barry Bubar to Barry Bubar, and Sharon K. Bubar (surviving tenant), as joint tenants, and recorded on July 13, 2001, in Book 0701, at Page 3126, Document No. 0518275 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 6, in Block E, as shown on the map of ZEPHYR COVE PROPERTY, filed in the Office of the County Recorder of Douglas County, Nevada on August 5, 1926.

A.P.N. 1318-10-317-002

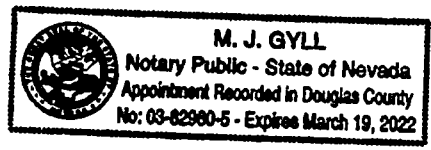
Dated: 6/22/18


Sharon K. Bubar

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 22 day of June, 2018, by Sharon K. Bubar, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.


Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LONG BEACH, CALIFORNIA

3052018086972

CERTIFICATE OF DEATH

3201862001047

| | | | | | |
|---|---|--|---|---|---|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (Do NOT WRITE OVER) | | LOCAL REGISTRATION NUMBER | |
| 1 NAME OF DECEDENT - FIRST (Given) BARRETT | | 2 MIDDLE GERALD | | 3 LAST (Family) BUBAR | |
| AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4 DATE OF BIRTH mm/dd/yyyy 02/09/1935 | 5 AGE Yrs 83 | IF UNDER ONE YEAR Months Days | IF UNDER 24 HOURS Hours Minutes |
| 9 BIRTH STATE/FOREIGN COUNTRY CA | | 10 SOCIAL SECURITY NUMBER 7448 | 11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | 12 MARITAL STATUS, SRDP* (at Time of Death) MARRIED | 7 DATE OF DEATH mm/dd/yyyy 04/17/2018 |
| 13 EDUCATION - Highest Level Degree (See worksheet on back) BACHELOR | | 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) WHITE | | |
| 17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED ENGINEER | | 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OIL COMPANY | | 19 YEARS IN OCCUPATION 45 | |
| 20 DECEDENT'S RESIDENCE (Street and number, or location) 710 HWY 50 | | | | | |
| 21 CITY ZEPHYR COVE | | 22 COUNTY/PROVINCE DOUGLAS | | 23 ZIP CODE 89448 | 24 YEARS IN COUNTY 17 |
| 25 STATE/FOREIGN COUNTRY NV | | 26 INFORMANT'S NAME, RELATIONSHIP SHARON BUBAR, WIFE | | | |
| 27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11153 JAMES PL, CERRITOS, CA 90703 | | 28 NAME OF SURVIVING SPOUSE/SRDP - FIRST SHARON | | | |
| 29 MIDDLE KAY | | 30 LAST (BIRTH NAME) FILBRANDT | | | |
| 31 NAME OF FATHER/PARENT - FIRST ROBERT | | 32 MIDDLE B | | 33 LAST BUBAR | |
| 34 BIRTH STATE NY | | 35 NAME OF MOTHER/PARENT - FIRST PHYLLYS | | 36 MIDDLE L | |
| 37 LAST (BIRTH NAME) HOWARD | | 38 BIRTH STATE CA | | | |
| 39 DISPOSITION DATE mm/dd/yyyy 04/24/2018 | | 40 PLACE OF FINAL DISPOSITION RES: SHARON BUBAR 11153 JAMES PL, CERRITOS, CA 90703 | | | |
| 41 TYPE OF DISPOSITION(S) CR/RES | | 42 SIGNATURE OF EMBALMER ▶ NOT EMBALMED | | 43 LICENSE NUMBER - | |
| 44 NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY | | 45 LICENSE NUMBER FD1289 | 46 SIGNATURE OF LOCAL REGISTRAR ▶ ANISSA DAVIS, MD, MPH | | 47 DATE mm/dd/yyyy 04/24/2018 |
| 101 PLACE OF DEATH PACIFIC PALMS HEALTHCARE | | 102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CR/OP <input type="checkbox"/> DOA | | 103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other | |
| 104 COUNTY LOS ANGELES | | 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1020 TERMINO AVE | | 106 CITY LONG BEACH | |
| 107 CAUSE OF DEATH Enter the cause of event - 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 (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST | | 108 DEATH REPORTED TO CORONER? (If so, see 121) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 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 (B) MULTIPLE ORGAN FAILURE | | 110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| (C) MALIGNANT NEOPLASM OF CEREBRUM | | 112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN *07 NONE | | | |
| 113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 112A 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 Attended Since: mm/dd/yyyy (A) 04/10/2018 (B) Decedent Last Seen Alive: mm/dd/yyyy 04/17/2018 | | 115 SIGNATURE AND TITLE OF CERTIFIER ▶ RANDY WENDELL HAWKINS M.D. | | 116 LICENSE NUMBER G49354 | 117 DATE mm/dd/yyyy 04/23/2018 |
| 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"/> Hanging <input type="checkbox"/> Co. kill, or other <input type="checkbox"/> Unnatural | | 119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RANDY WENDELL HAWKINS M.D. 990 W 190TH ST STE 120, TORRANCE, CA 90502 | | 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 | A | B | C | D | E |
| FAX AUTH.# | | CENSUS TRACT | | | |
| *0100010033665834* | | | | | |

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, CITY OF LONG BEACH



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED _____

Anissa Davis, MD, MPH
 HEALTH OFFICER

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

