

APN# 1418-34-112-009



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Pierre Rapaelian  
533 S. Hudson Ave. Ste. 1  
Pasadena, CA 91101

Mail Tax Statements to:

Pierre Rapaelian  
533 S. Hudson Ave. Ste. 1  
Pasadena, CA 91101

---

**AFFIDAVIT - DEATH OF JOINT TENANT**

---

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

Pierre K. Rapaelian  
Printed Name

AFFIDAVIT - DEATH OF JOINT TENANT

PIERRE K. RAPAE LIAN, being of legal age and duly sworn deposes and states that: the decedents, HAGOP JACK RAPAE LIAN and JEANNE RAPAE LIAN, mentioned in the attached certified copies of Certificate of Death are the same H. JACK RAPAE LIAN and JEANNE RAPAE LIAN, named as two of the parties in the Joint Tenancy Deed dated May 3, 1983, executed by ODILE MARIE BLACKBURN, to H. JACK RAPAE LIAN and JEANNE RAPAE LIAN, husband and wife, and PIERRE K. RAPAE LIAN, an unmarried man, all as joint tenants, recorded as Instrument No. 1983-080491, on May 13, 1983 in Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada:

See attached Exhibit "A" for legal description.

Commonly known as 1261 Lincoln, Glenbrook, NV 89413.

Dated: 3-4-19

Pierre K. Rapaelian (Signature)  
Pierre K. Rapaelian

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 Los Angeles

Subscribed and sworn to (or affirmed) before me, Peter E Ronay, a notary public, on this 4th day of March, 2019, by Pierre K. Rapaelian, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Signature)  
Peter E Ronay

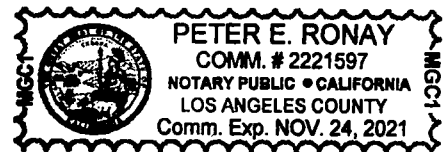


Exhibit A  
to  
Affidavit - Death of Joint Tenant

Re: APN 1418-34-112-009 (prior APN 0000-03-171-310)

All that certain lot, piece or parcel of land situated in the County of Douglas, State of Nevada, described as follows:

A Portion of Lots 78 and 79, as shown on the map of NORTH LAKERIDGE and Revised Plat of Portion of Lakeridge Estates No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on August 29, 1960, in Book 1 of Maps, more particularly described as follows:

BEGINNING at the Southeasterly corner of Lot 79 as shown on the map of North Lakeridge, Official Records of Douglas County, Nevada, thence North  $21^{\circ}18'30''$  East 56.79 feet along the line common with Lot 80; thence North  $37^{\circ}04'01''$  West 132.71 feet to the easterly right of way line of Lincoln Circle; thence along said right of way South  $24^{\circ}25'19''$  West 112.18 feet; thence along a curve to the left concave to the east through a central angle of  $41^{\circ}18'21''$  with a radius of 80.00 feet an arc length of 57.67 feet; thence along the line common with Lot 56 South  $89^{\circ}49'00''$  East 108.89 feet to the point of beginning.

**Per NRS 111.312, this legal description was previously recorded at Document No. 080491 in Book 583, Page 2491 on May 13, 1983**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) <b>HAGOP</b>		2. MIDDLE <b>JACK</b>		3. LAST (FAMILY) <b>RAPAE LIAN</b>			
4. DATE OF BIRTH M M / D D / C C Y Y <b>03/11/1927</b>		5. AGE YRS <b>75</b>		IF UNDER 24 HOURS MONTHS   DATE   HOURS   MINUTES		6. SEX <b>M</b>	
7. DATE OF DEATH M M / D D / C C Y Y <b>05/16/2002</b>		8. HOUR <b>0232</b>		9. STATE OF BIRTH <b>MICHIGAN</b>		10. SOCIAL SECURITY NO <b>██████-4229</b>	
11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>16</b>			
14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>DISNEY STUDIOS</b>			
17. OCCUPATION <b>ACCOUNTANT</b>		18. KIND OF BUSINESS <b>PRODUCTION STUDIO</b>		19. YEARS IN OCCUPATION <b>35</b>			
20. RESIDENCE (STREET AND NUMBER OR LOCATION) <b>1261 LINCOLN CIRCLE</b>							
21. CITY <b>ZEPHYR COVE</b>		22. COUNTY <b>Washoe</b>		23. ZIP CODE <b>89448</b>		24. YRS IN COUNTY <b>26</b>	
25. STATE OR FOREIGN COUNTRY <b>NV</b>		26. NAME, RELATIONSHIP <b>PIERRE K. RAPAE LIAN, SON</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2628 SAN ANDRES WAY, CLAREMONT, CA 91711</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>JEANNE</b>					
29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>DJAMO USSIAN</b>				31. NAME OF FATHER—FIRST <b>SAHAG</b>	
32. MIDDLE <b>-</b>		33. LAST <b>RAPAE LIAN</b>		34. BIRTH STATE <b>TURKEY</b>			
35. NAME OF MOTHER—FIRST <b>RAME LA</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>DERKEVORKIAN</b>		38. BIRTH STATE <b>TURKEY</b>	
39. DATE M M / D D / C C Y Y <b>05/23/2002</b>		40. PLACE OF FINAL DISPOSITION <b>RES PIERRE K. RAPAE LIAN, 2628 SAN ANDRES WAY, CLAREMONT, CA 91711</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NO. <b>-</b>			
44. NAME OF FUNERAL DIRECTOR <b>TODD MEMORIAL CHAPEL</b>		45. LICENSE NO. <b>FD110</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas K. Williams</i>		47. DATE M M / D D / C C Y Y <b>05/22/2002</b>	
101. PLACE OF DEATH <b>POMONA VALLEY HOSP MED CTR</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>LOS ANGELES</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1798 NORTH GAREY AVENUE</b>		106. CITY <b>POMONA</b>		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) CARDIAC ARREST</b>			
108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>MINS</b>		109. DEATH REPORTED TO CORONER <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. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>HISTORY OF TOBACCO USE, HYPERLIPIDEMA</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>NO</b>		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 DECEDENT LAST BEEN ALIVE <b>12/15/1995 05/09/2002</b>			
115. SIGNATURE AND TITLE OF CERTIFIER <i>Joseph Pachorek</i>		116. LICENSE NO. <b>G061061</b>		117. DATE M M / D D / C C Y Y <b>05/20/2002</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>JOSEPH PACHOREK, M.D. 50 ALESSANDRO PLACE, #320, PASADENA, CA 91105</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED <input type="checkbox"/> YES <input type="checkbox"/> NO		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M M / D D / C C Y Y		128. TYPED NAME TITLE OF CORONER OR DEPUTY CORONER <b>540055455</b>			
STATE REGISTRAR		A B C D E F G H		FAX AUTH #		CENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

3052018235858

CERTIFICATE OF DEATH

3201863001250

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SPROPARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY.



This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

YING-YING GOH, MD HEALTH OFFICER

DATE ISSUED NOV 27 2018



000442833

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAPASADE01