

APN# 1420-07-616-052

Recording Requested by/Mail to:

Name: Francisco M Lopez

Address: 1180 E 57th St.

City/State/Zip: Los Angeles, CA 90011

Mail Tax Statements to:

Name: Francisco M Lopez

Address: 1180 E 57th St.

City/State/Zip: Los Angeles, CA 90011



00126098202109595840030039

KAREN ELLISON, RECORDER

Affidavit of 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)

Frank Lopez

Signature

FRANK LOPEZ

Printed Name

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

Recording Requested By:

Francisco M Lopez

When recorded, mail this and all tax documents to:

NAME Francisco M Lopez
ADDRESS 1180 E 57th St.
Los Angeles, CA 90011
CITY
STATE & ZIP

Above Space for Recorder's Use Only

AFFIDAVIT - DEATH OF JOINT TENANT

State of California
County of Los Angeles } ss.

Francisco M Lopez, of legal age, being first duly sworn, deposes and says:
That Maria De Los Angeles Lopez, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Maria S. Lopez named as one of the parties in that certain Grant Deed dated 07/20/1989, executed by David D. McNulty and Cheryl A. McNulty to Francisco M. Lopez and Maria S. Lopez, husband and wife

as joint tenants, recorded as Instrument No. 206990, on 07/20/1989, in Book/Reel 789, Page/Image 2062, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 102, Block C, as set forth on the map of Highland Estates Unit No. 2, filed for record January 27, 1978 in Book 178, Page 1633, Document No. 17090, Official Records of Douglas County, State of Nevada.

A.K.A: 952 Opalite Drive, Carson City, NV 89705, APN No. 1420-07-616-052

That the value of all real and personal property owned by said decedent at date of death, including the property above described, did not then exceed the sum of \$ 375,000

Dated 12/18/2020 /

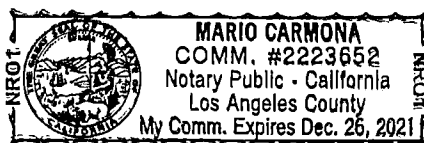
Francisco M Lopez
Francisco M Lopez

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 } ss.

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 18th day of Dec. 2020 by Francisco M Lopez proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Notary Signature (SEAL)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052020256469

CERTIFICATE OF DEATH

3202019060577

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/02)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) MARIA		2 MIDDLE -		3. LAST (Family) DE LOS ANGELES LOPEZ	
AKA, ALSO KNOWN AS - Include M/MAKA (FIRST, MIDDLE, LAST) MARIA DE LOS ANGELES SANCHEZ LOPEZ		4 DATE OF BIRTH mm/dd/yyyy 02/11/1948		5 AGE Yrs. Mths. Days 72	
6 SEX F		7 DATE OF DEATH mm/dd/yyyy 11/10/2020		8 HOUR (24 Hours) 2050	
9 BIRTH STATE/FOREIGN COUNTRY MEXICO		10 SOCIAL SECURITY NUMBER [REDACTED]-6656		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 MARRIED		13 EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input checked="" type="checkbox"/> YES MEXICAN <input type="checkbox"/> NO			
14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes see worksheet on back) <input checked="" type="checkbox"/> YES		16 DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) HISPANIC			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WAREHOUSEWOMEN		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTAION		19 YEARS IN OCCUPATION 25	
20 DECEDENT'S RESIDENCE (Street and number or location) 1180 E. 57TH ST.					
21 CITY LOS ANGELES		22 COUNTY/PROVINCE LOS ANGELES		23 ZIP CODE 90011	
24 YEARS IN COUNTY 70		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME RELATIONSHIP FRANK MENDEZ LOPEZ, HUSBAND		27 INFORMANT'S MAILING ADDRESS (Street and number or care route number, city or town, state and zip, 1180 E 57TH ST, LOS ANGELES, CA 90011			
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST FRANK		29 MIDDLE MENDEZ		30 LAST (BIRTH NAME) LOPEZ	
31 NAME OF FATHER/PARENT - FIRST MARTIN		32 MIDDLE GOMEZ		33 LAST SANCHEZ	
34 BIRTH STATE MEXICO		35 NAME OF MOTHER/PARENT - FIRST ANTONIA		36 MIDDLE CALVILLO	
37 LAST (BIRTH NAME) MAGANA		38 BIRTH STATE MEXICO			
39 DISPOSITION DATE mm/dd/yyyy 11/17/2020		40 PLACE OF FINAL DISPOSITION RES-FRANK LOPEZ 1180 E 57TH ST, LOS ANGELES, CA 90011			
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43 LICENSE NUMBER -	
44 NAME OF FUNERAL ESTABLISHMENT THE ALPHA SOCIETY		45 LICENSE NUMBER FD1274		46 SIGNATURE OF LOCAL REGISTRAR ▶ MUNTU DAVIS, M.D.	
47 DATE mm/dd/yyyy 11/13/2020					
101 PLACE OF DEATH LAC+USC MEDICAL CENTER		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> OJA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
104 COUNTY LOS ANGELES		105 FACILITY ADDRESS OR LOCATION, WHERE FOUND (Street and number, or location) 2051 MARENGO ST.		106 CITY LOS ANGELES	
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 venous thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) INTRACRANIAL HEMORRHAGE (B) CEREBRAL EDEMA (C) STROKE (D) []		108 TIME FROM ONSET OF ILLNESS TO DEATH (A) [] YES <input checked="" type="checkbox"/> NO (B) UNK (C) UNK (D) UNK		109 DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO (B) YES <input type="checkbox"/> NO (C) YES <input checked="" type="checkbox"/> NO (D) YES <input type="checkbox"/> NO	
110 AUTOPSY PERFORMED? (A) YES <input checked="" type="checkbox"/> NO (B) YES <input type="checkbox"/> NO (C) YES <input checked="" type="checkbox"/> NO (D) YES <input type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <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: [] Decedent's Last Seen At: [] 115 SIGNATURE AND TITLE OF CERTIFIER ▶ GRACE KUO M.D.			
116 LICENSE NUMBER A148658		117 DATE mm/dd/yyyy 11/13/2020			
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GRACE KUI M.D. 2051 MARENGO ST., LOS ANGELES, CA 90033					
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 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 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		*010001004723861*			

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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



Grace Kuo, MD
 Health Officer and Registrar
 DO 12

DATE ISSUED
NOV 18 2020

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



LOS ANGELES COUNTY