

DOUGLAS COUNTY, NV

2021-961147

Rec:\$40.00

\$40.00 Pgs=3

02/02/2021 11:50 AM

U.S. DEEDS

KAREN ELLISON, RECORDER

ASSESSOR'S PARCEL NO. 1318-15-611-061

WHEN RECORDED MAIL TO:

TRACY J. ROBERTS, ATTORNEY
LAW OFFICE OF TRACY J. ROBERTS
3020 OLD RANCH PARKWAY, SUITE 300
SEAL BEACH, CA 90740

MAIL TAX NOTICES TO:

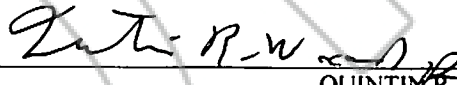
QUINTIN R. WOOD, JR., TRUSTEE
3212 MILLS AVENUE
LA CRESCENTA, CA 91214

Affidavit of Death of Joint Tenant

The undersigned, being first duly sworn, deposes and says:

1. Affiant is the surviving joint tenant of JOSEPHINE A. GRASSIE, who is named in that particular Certificate of Death attached hereto and made a part hereof.

2. Affiant knows the said JOSEPHINE A. GRASSIE, deceased, to be one and the same person as who is named as joint grantee in that particular Deed recorded in Book 599, Page 1150, on May 7, 1999, in the office of the Recorder of Douglas County, Nevada, described on the attached Exhibit A.



QUINTIN R. WOOD, JR.

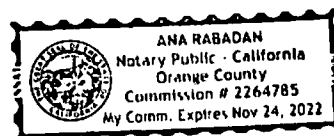
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 26th day of January, 2021, by Quintin R. Wood, Jr., proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


Signature

Seal



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052020139968

CERTIFICATE OF DEATH

3202019033478

1 NAME OF DECEASED - FIRST (Given) JOSEPHINE		2 MIDDLE -		3 LAST (Family) GRASSIE	
4 DATE OF BIRTH (month/day/year) 07/10/1917					
5 AGE Yrs 102		6 SEX F		7 HOURS 1358	
8 BIRTH STATE-FOREIGN COUNTRY UNKNOWN		9 SOCIAL SECURITY NUMBER -7672		10 EVER IN U.S. ARMED FORCES? (If yes, see industrial status) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
11 EDUCATION - Highest completed (See worksheet at back) UNKNOWN		14/15 WAS DECEASED HISPANIC/LATINO/ASIAN? (If yes, see industrial status) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEASED'S PLACE - Use to 3 years after last date work graded on record WHITE, CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNKNOWN		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) UNKNOWN		19 YEARS IN OCCUPATION UNK	
20 DECEASED'S RESIDENCE (Street and number, or location) 12831 MACLAY STREET					
21 CITY SYLMAR		22 COUNTY/PROVINCE LOS ANGELES		23 ZIP CODE 91342	
24 YEARS IN COUNTY UNK		25 STATE OF BIRTH COUNTRY CA			
26 IF OCCUPANT'S NAME, RELATIONSHIP REGINA HERNANDEZ, STAFFING COORDINATOR					
27 IF OCCUPANT'S MAILING ADDRESS (Street and number or full route number, city or town, state and zip) 15031 RINALDI STREET, MISSION HILLS, CA 91345					
28 NAME OF SURVIVING SPOUSE/STEP-FIRST UNKNOWN		29 MIDDLE UNKNOWN		30 LAST (FIRTH NAME) UNKNOWN	
31 NAME OF FATHER-IN-LAW-FIRST UNKNOWN		32 MIDDLE UNKNOWN		34 BIRTH STATE UNKNOWN	
33 NAME OF MOTHER-IN-LAW-FIRST UNKNOWN		35 MIDDLE UNKNOWN		36 BIRTH STATE UNKNOWN	
37 DECEASED'S DATE 07/13/2020		38 PLACE OF FINAL DISPOSITION LOS ANGELES CREMATORY CEMETERY 3301 EAST FIRST STREET, LOS ANGELES, CA 90063			
39 TYPE OF DISPOSITION CR/BU		40 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER -	
41 NAME OF FUNERAL ESTABLISHMENT PROVIDENCE HOLY CROSS MEDICAL CENTER		42 LICENSE NUMBER NONE		44 SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
45 DATE PREPARED 06/29/2020					
101 PLACE OF DEATH PROVIDENCE HOLY CROSS MEDICAL CENTER					
102 COUNTY LOS ANGELES		103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 15031 RINALDI STREET		104 CITY MISSION HILLS	
105 CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- 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.					
106 IMMEDIATE CAUSE OF DEATH (A) CARDIOPULMONARY ARREST		107 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109 UNDERLYING CAUSE OF DEATH (B) ALZHEIMER DEMENTIA		109 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 105		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113 WAS OPERATION PERFORMED FOR ANY CONDITION ITEM 107 OR 109? (If yes, list type of operation and date)					
114 CHIEF CAUSE OF DEATH (To the best of my knowledge death occurred at the hour, date, and place stated from the GRAVES STATE) Decedent's Assigned Code 10222019		115 SIGNATURE AND TITLE OF CERTIFIER SAM SUMAN NUTHALAPATY M.D.		116 LICENSE NUMBER / 117 DATE A118421 06/25/2020	
118 I CERTIFY THAT BY MY OPERATION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE GRAVES STATE Decedent's Last Seen Alive 06/01/2020		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SAM SUMAN NUTHALAPATY M.D. 4955 VAN NUYS BLVD STE 308, SHERMAN OAKS, CA 91403		120 SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
121 NUMBER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		122 MARRIED AT WORK?		123 MARRIED AT WORK?	
124 PLACE OF MARRIAGE (e.g., home, construction site, enclosed area, etc.)					
125 DESCRIBE HOW MARRIAGE OCCURRED (Events which resulted in report)					
126 LOCATION OF MARRIAGE (Street and number, or location, city and state)					
127 SIGNATURE OF CORONER/DEPUTY CORONER		128 DATE		129 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

STATE REGISTRAR A B C D E 010001004574906 FAX AUTH# CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
 Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

NOV 02 2020
 100003987186
 0007958182 - 04

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG02

EXHIBIT A

Lot 9, in Block B, as shown on the Map of ROUND HILL VILLAGE UNIT NO. 4, filed in the Office of the County Recorder of Douglas County, Nevada, on April 25, 1966, as Document No. 31837.

Per NRS 111.312, this legal description was previously recorded in Book 599, Page 1150, on May 7, 1999, in the office of the Recorder of Douglas County, Nevada.

