

APN: 1320-33-311-025

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DOCUMENT TO:**

Gene M. Kaufmann, Esq.  
SULLIVAN LAW  
1625 State Route 88, Suite 401  
Minden, NV 89423



KAREN ELLISON, RECORDER

**MAIL TAX STATEMENTS TO:**

Guillaume Etchechury  
1485 Longfellow Lane  
Gardnerville, NV 89410

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. *(Per NRS 239B.030)*

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, GUILLAUME ETCHECHURY, being duly sworn say:

1. I am 18 years of age, or over. The decedent JUDITH ANNE ETCHECHURY, also known as JUDITH A. ETCHECHURY, described in the attached certified copy of the Certificate of Death is the same person as JUDITH A. ETCHECHURY, who is named with me as one of the parties in the deed dated March 22, 2004, executed by Peter M. Beekhof, Jr., President, West Ridge Homes, Inc., A Nevada Corporation, and granted to GUILLAUME ETCHECHURY and JUDITH A. ETCHECHURY, husband and wife as Joint Tenants, recorded as Instrument No. 0608176 on March 23, 2004, in Book 0304, Pages 11220-11221, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, City of GARDNERVILLE described as follows:

Lot 31, Block B, as set forth on Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES Phase 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296 at Page 1286, as Document No. 402540, and by Certificate of Amendment recorded July 17, 2001, Book 0701, Page 3929, as Document No. 518479.

Assessors Parcel No. 1320-33-311-025

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Commonly known as: 1485 Longfellow Lane, Gardnerville, NV 89410

2. As a result of the death of my wife, JUDITH ANNE ETCHECHURY, also known as JUDITH A. ETCHECHURY, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: October 28, 2021.

Guillaume Etchechury  
GUILLAUME ETCHECHURY

**JURAT**

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 Nevada )

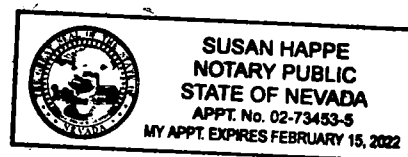
County of Douglas )

Subscribed and sworn to (or affirmed) before me, Susan Happe, a Notary Public, on October 28, 2021 by Guillaume Etchechury, who proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Susan Happe  
Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF KERN

PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052016247874

### CERTIFICATE OF DEATH

3201615005335

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) <b>JUDITH</b>		2. MIDDLE <b>ANNE</b>		3. LAST (Family) <b>ETCHECHURY</b>			
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>12/30/1943</b>		5. AGE Yrs. <b>72</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>9940</b>		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 <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/14/2016</b>	
17. US/JAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>SECRETARY</b>				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HIGH SCHOOL REGISTRAR</b>		8. HOUR (24 Hours) <b>0745</b>	
20. DECEASED'S RESIDENCE (Street and number, or location) <b>5909 BURKE WAY</b>							
21. CITY <b>BAKERSFIELD</b>		22. COUNTY/PROVINCE <b>KERN</b>		23. ZIP CODE <b>93309</b>		24. YEARS IN COUNTY <b>53</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5909 BURKE WAY, BAKERSFIELD, CA 93309</b>					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>GUILLAUME</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>ETCHECHURY</b>			
31. NAME OF FATHER/PARENT - FIRST <b>MAX</b>		32. MIDDLE <b>O.</b>		33. LAST <b>BUSCH</b>		34. BIRTH STATE <b>MO</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>LEAH</b>		36. MIDDLE <b>O.</b>		37. LAST (BIRTH NAME) <b>QUERYEL</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>12/23/2016</b>		40. PLACE OF FINAL DISPOSITION <b>HILLCREST MEMORIAL PARK 9101 KERN CANYON RD., BAKERSFIELD, CA 93306</b>					
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>SHAWN ROSS</b>				43. LICENSE NUMBER <b>EMB8744</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>HILLCREST MEMORIAL PARK AND MORTUARY</b>		45. LICENSE NUMBER <b>FD1162</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CLAUDIA JONAH, MD</b>		47. DATE mm/dd/yyyy <b>12/20/2016</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>							
104. COUNTY <b>KERN</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>5909 BURKE WAY</b>				106. CITY <b>BAKERSFIELD</b>	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) CEREBROVASCULAR ACCIDENT</b>						108. DEATH REPORTED TO CORONER? True Internal Health Official and Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) CEREBROVASCULAR ACCIDENT</b>						109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Underlying Cause (disease or injury that initiated the events resulting in death) LAST						110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERCHOLESTEROLEMIA, HISTORY OF STROKE</b>						113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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: (A) mm/dd/yyyy (B) mm/dd/yyyy <b>07/18/2011 02/15/2016</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>VINCENT MADDELA M.D.</b>		116. LICENSE NUMBER <b>A53726</b>		117. DATE mm/dd/yyyy <b>12/16/2016</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>VINCENT MADDELA M.D. 2701 CHESTER AVE STE 201, BAKERSFIELD, CA 93301</b>							
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		F		G	
FACILITY AUTH.#				CENSUS TRACT			
*010001003422878*							

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss DATE ISSUED  
COUNTY OF KERN

DEC 21 2016



This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

*C. Jonah M.D.*  
CLAUDIA JONAH M.D.  
PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

