Pgs=3

A+DOCUMENTS

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)

KAREN ELLISON, RECORDER

APN: 1318-15-210-001

WHEN RECORDED MAIL TO:

RAYMOND W. SANTEE P.O. Box 10827 ZEPHYR COVE, NEVADA 89448

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

RAYMOND W. SANTEE being first duly sworn, deposes and says:

- 1. CARMEN K. SANTEE died on September 21, 2021 and a certified copy of her Death Certificate is attached hereto as Exhibit A.
- 2. That at the date of her death, said CARMEN K. SANTEE was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED

3. That said joint tenancy was created by a Deed dated June 18, 2007 and recorded on June 19, 2007 as File No. 0703306, in the Douglas County Recorder's Office.

That upon the death of CARMEN K. SANTEE, the Affiant became the sole owner of the above described property as his sole and separate property.

MELINDA MCCONNELL-KELLY Notary Public-State of Nevada APPT. NO. 21-4679-02 My Appt. Expires 05-19-2025

State of Nevada CARSON CITY

Subscribed and Sworn to me on November 23, 2021, by RAYMOND W. SANTEE who personally appeared before me, a Notary Public, and executed the above document.

OTARY PÚBLIC



COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

	30520212402	CERTIFICATE OF DEATH STATE OF CALIFORNIA					3202144001441			
STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)			STATE OF CALIFORNIA USE BLACK INK ONLY NO FRASHIES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06) 2. MIDDLE 3. LAST (Family)					LOCAL REGISTRATION NUMBER		
∢	1. NAME OF DECEDENT-FIRST (Given) CARMEN		KAMEL	_		SANT	amily) FEE	\	\	
DECEDENT'S PERSONAL DATA	AKA. ALSO KNOWN AS - Include full A	AKA (FIRST, MIDDLE, LAST)	_ 	4	1. DATE OF E	960	5. AGE Yrs. F	UNDER ONE YEAR nths Days	IF UNDER 24 HO Hours	OURS 6. SEX
	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY N -5173			UNK N	IARRIED		DATE OF DEATH mm/ 09/21/2021		0620
CEDENT	13. EDUCATION - Highest Levet/Degree 14 (see worksheet on back) SOME COLLEGE	YFS	<u> </u>	[X] vo ∪,	AUCASIAN	The state of the s	be listed (see workshee	- N	
2	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KI OPTOMETRIC TECHNICIAN OP				KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction PTOMETRY			n. employment agency, etc.) 19. YEARS IN OCCUPATION 27		
USUAL	20. DECEDENT'S RESIDENCE (Street & 1011 LAURENT STR									
	21. CITY SANTA CRŲŽ	SAN	ITA CRUZ		23. ZIP CO 95060		43	25. STATE/FOREIGN	- N	
INFOR-	28 INFORMANT'S NAME, RELATIONSHIP MONICA ELZALAKI, DAUGHTER 27. INFORMANT'S MAILING ADDRESS (Street and number, or nural route number, city or town, state and zpp) 1011 LAURENT STREET, SANTA CRUZ, CA 95060 28. NAME OF SURVIVING SPOUSE/SRDP'-FIRST 29. MIDDLE 130. LAST (SIRTH NAME)									
SPOUSE/SRDP AND PARENT INFORMATION	RAYMOND 31. NAME OF FATHER/PARENT-FIRST		29. MIDDLE 30. LAST (BIRTH N SANTEE 32. MIDDLE 33. LAST			AME)	\			
	KAMEL 35. NAME OF MOTHER/PARENT-FIRST		MOHAMED BADAWI ELZALAKI 36. MIDDLE 37. LAST (BIRTH NAME)					34. BIRTH STATE EGYPT 38. BIRTH STATE		
	JANICE 39. DISPOSITION DATE mm/dd/ccyy	VIRGINIA HANSON					CA			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE IMM/dd/ccyty 09/29/2021 40. PLACE OF FINAL DISPOSITION RESIDENCE OF MONICA ELZALAKI 1011 LAURENT STREET, SANTA CRUZ, CA 95060 41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER 43. LICENSE NUMBER									NSE NUMBER
	CREMATE/RESIDENCE		▶ NOT EMBALMED							
FINE OC	44. NAME OF FUNERAL ESTABLISHM BENITO & AZZARO CHAPEL						47. DATE mm/dd/ccyy 09/29/2021			
표	102. IF HOSPITAL, SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE 104. IF OTHER THAN HOSPITAL, SPECIFY ONE 105. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospico Home/LTC Home/LTC Home/LTC Home/LTC									
RESIDENCE 104, COUNTY 105, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 107, CAUSE OF DEATH 107, CAUSE OF DEATH 107, CAUSE OF DEATH								SANTA CRUZ		
IAN'S CAUSE OF DEATH	as cardiac prinst, respiratory prest, or ventricular fibrilition without showing the effoliogy. DO NOT ABBRIGNATE. (A) POSSIBLE ASPIRATION PNEUMONIA (Final disease or						nal ovents such	Time Interval Belween 108. DEATH REPORTED TO CORONER? Onset and Death X YES NO WKS 21-07952		
	In death) (B) META	CANCER TO LIVER					(BT) MNTHS		Y PERFORMED?	
		ON AND SE	N AND SEVERE ASCITES						PSY PERFORMED?	
	CAUSE (disease or injury that initiated the events resulting in death) LAST	CANCER TO BONE					MNTHS (DT) YRS		DETERMINING CAUSE?	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 FACTOR V LEIDEN, DEEP VEIN THROMBOSIS									
	113 WAS OPERATION PERFORMED FOR ANY CONDITTION IN ITEM 107 OR 1127 (If yee, list type of operation and date.) LEFT MASTECTOMY AND RIGHT MASTOPEXY 03/20/2013							113/		REGNANT IN LAST YEAR?
	114, I CERTIFY THAT TO THE BEST OF MY K AT THE HOUR, DATE, AND PLACE STATED FI Decedent Attended Since	76.	JULIET MA	DIE VDAL 1	MD		<i>E</i>	116. LICENSE NUN		ATE mm/dd/ccyy 29/2021
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS. ZIP CODE JULIET MARIE KRAL, MD 11/07/2012 08/24/2021 888 OAK GROVE AVE STE 12, MENLO PARK, CA 94/025									
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH Natural	Accident Homicide	ND PLACE STATED FROM	THE CAUSES STATED.	Could not be	120. INJURED YES		121. INJURY DATE	mm/dd/ccyy	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)									
ORONE	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)									
3	125. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
STA REGIS		C D	E	THE RESIDENCE OF THE PROPERTY	TO LOCALE HINTO DECLERATION LEGISLACIONIS DE DA PROLEMIA DI MARCINO ESTA ESTA ESTA LOCALIDA DE FIEM			FAX AUTH.#	FAX AUTH.# CENSUS TRA	
1 1 t t t t t t t t t t t t t t t t t t										L



DATE ISSUED

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

SEP 3 0 2021

000358583



EXHIBIT "B"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Lot 1, Block B, as shown on the map of ROUND HILL VILLAGE UNIT NO. 3 filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 24, 1965 in Book 36 at Page 131 as Document No. 30185, Official Records.

PARCEL 2:

All that portion of Section 15, Township 13 North, Range 18 East, M.D.M., more particularly described as follows:

Beginning at the Northwest corner of Lot 1, Block B of Round Hill Village No. 3, filed for record on November 4, 1965 as Document No. 30185; thence South 85°26'25" West 15.01 feet; thence North 04°33'35" West 5.89 feet; thence North 56°17'55" East 24.53 feet; thence North 01°50'02" East 23.40 feet; thence North 74°45'04" East 141.01 feet; thence South 24°38'30" West 77.03 feet; thence South 85°26'25" West 110.00 feet to the Point of Beginning.

Reference is hereby made to that certain Boundary Line Adjustment recorded in the office of the Douglas County Recorder, State of Nevada, on May 17, 2000 in Book 0500 at Page 3719 as Document No. 0492136 and that certain Record of Survey Map No. 492137 to support a Lot Line Adjustment recorded on May 17, 2000 in Book 0500 at Page 3721 as Document No. 492137, Official Records.

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