

APN# 1318-03-212-029



00147258202109785490040048

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Mark E. Myers, Esq.

Address: 240 Westgate Drive

City/State/Zip: Watsonville, CA 95076

Mail Tax Statements to:

Name: David J. Montgomery

Address: 100 Spring Valley Road

City/State/Zip: Watsonville, CA 95076

AFFIDAVIT - 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)

*David J. Montgomery*  
Signature

David J. Montgomery  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



DATED: December 14, 2021

*David J. Montgomery*  
DAVID J. MONTGOMERY

**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 SANTA CRUZ

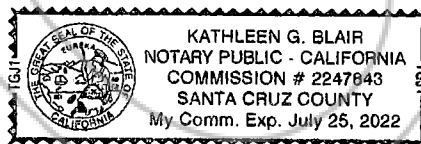
Subscribed and sworn to (or affirmed) before me on this 14<sup>th</sup> day of December, 2021, by DAVID J. MONTGOMERY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

*Kath*

Notary Public

Seal



MAIL TAX STATEMENTS TO:  
David J. Montgomery  
100 Spring Valley Road  
Watsonville, CA 95076

Moda26179/Assets/afftJT-Nevada

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

3052021261698

CERTIFICATE OF DEATH

3202144001561

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SPD AND PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, marital status, occupation, residence, informant, funeral home, and cause of death.



000421394

CERTIFIED COPY OF VITAL RECORDS 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 OFFICE OF THE SANTA CRUZ COUNTY RECORDER.

DATE ISSUED November 17, 2021 BY Sean Saldavia, DEPUTY

This copy is not valid unless printed on an engraved border, displaying date and the signature of the Deputy County Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTA CRUZE