

A.P.N. No.:	1220-17-101-010
File No.:	1655924 WLD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Anna Lee Makharian	
840 misty Isle	
Glendale, CA 91207	

DOUGLAS COUNTY, NV	2022-984034
Rec:\$40.00	
\$40.00 Pgs=5	04/22/2022 11:25 AM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

**Affidavit of Death
(Title of Document)**

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)



 Signature Escrow Officer
 Title
 Wendy Dunbar
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

A.P.N. No.:	1220-17-101-010
File No.:	1655924 WLD
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	

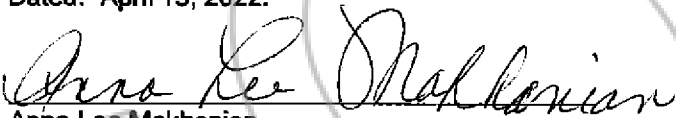
AFFIDAVIT OF DEATH

State of California)
) ss
 County of Los Angeles)

Anna Lee Makhanian, of legal age, being first duly sworn, deposes and says: That Alfred Harry Makhanian, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Alfred H. Makhanian named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 17, 1982 executed by Sierra View Ranch Inc., a Nevada corporation to Alfred H. Makhanian and Anna Lee Makhanian, husband and wife as community property with right of survivorship, recorded as Document No. 70998, on September 17, 1982 in Book 982, Page 714 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

Dated: April 19, 2022.


 Anna Lee Makhanian

 State of _____)
) ss
 County of _____)

This instrument was acknowledged before me on the _____ day of _____, 2022
 By: Anna Lee Makhanian

Signature: _____
 Notary Public

ACKNOWLEDGMENT

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

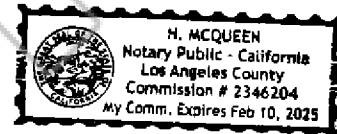
On 04/20/2022 before me, H. McQueen, Notary Public
(insert name and title of the officer)

personally appeared Anna Lee Mahanion
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature  (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200919046398

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
ALFRED		MAKHANIAN	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
HARRY		06/19/1932	
5. AGE Yrs.		6. SEX	
77		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
11/15/2009		1730	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		5164	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION — Highest Level Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
WHITE		TELEVISION EXECUTIVE	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
ENTERTAINMENT		25	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
840 MISTY ISLE DR			
21. CITY			
GLENDALE			
22. COUNTY/PROVINCE			
LOS ANGELES			
23. ZIP CODE			
91207			
24. YEARS IN COUNTY			
77			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or mail route number, city or town, state, ZIP)	
ANNA LEE MAKHANIAN, WIFE		840 MISTY ISLE DR, GLENDALE, CA 91207	
28. NAME OF SURVIVING SPOUSE — FIRST		29. LAST (Maiden Name)	
ANNA LEE		SCOTT	
31. NAME OF FATHER — FIRST		33. LAST	
SAM		MAKHANIAN	
35. NAME OF MOTHER — FIRST		37. LAST (Maiden)	
BERTHA		LARGIAN	
34. BIRTH STATE		38. BIRTH STATE	
TURKEY		TURKEY	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
11/23/2009		FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
BURIAL		STARLETT REEVES	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
FOREST LAWN MEMR PRKS & MTYS		FD 904	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
JONATHAN FIELDING, MD		11/20/2009	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/ED <input type="checkbox"/> DUA <input type="checkbox"/> Hospice	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		501 S BUENA VISTA ST	
106. CITY		107. CAUSE OF DEATH	
BURBANK		Enter the chain of events — disease, injury, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER? (This interval between Death and Death:)		109. BIOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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			
METASTASIS TO HILAR AND MEDIASTINAL LYMPH NODES, MALIGNANT LEFT PLEURAL EFFUSION, ACUTE RENAL FAILURE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
LEFT THORACOTOMY 10/28/2009			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
10/27/2009		SHARAD PATEL M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
A25839		11/19/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
SHARAD PATEL M.D.		SHARAD PATEL M.D.	
201 S BUENA VISTA ST STE 440, BURBANK, CA 91505		201 S BUENA VISTA ST STE 440, BURBANK, CA 91505	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER			
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy			
128. SIGNATURE OF CORONER / DEPUTY CORONER			
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
130. DATE mm/dd/yyyy			
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247. DATE mm/dd/yyyy			
248. SIGNATURE OF CORONER / DEPUTY CORONER			
249. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
250. DATE mm/dd/yyyy			

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

Jonathan Fielding MD
 Director of Public Health and Registrar

DATE ISSUED **NOV 25 2009**



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A" LEGAL DESCRIPTION

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

All that certain lot, piece or parcel of land located in the Northwest 1/4 of the Northwest 1/4 of Section 17, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, more particularly described as follows:

Commencing at the Northeast corner of said Section 17, thence South $89^{\circ}41'13''$ West, 4600.45 feet, generally along the Southerly right of way line of Centerville Road, to the true point of beginning which is the Northwest corner of the parcel; thence North $89^{\circ}32'$ East 279.49 feet along said Southerly right of way line to the Northeast corner of the parcel; thence South $1^{\circ}31'26''$ West, 781.06 feet to the Southeast corner of the parcel; thence South $89^{\circ}43'30''$ West, 279.49 feet to the Southwest corner of the parcel; thence North $1^{\circ}31'36''$ East, 780.12 feet to the true point of beginning.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on September 17, 1982, Book 982, Page 713 as Document No. 70998 of Official Records.