

APN: 124-082-50
RECORDING REQUESTED BY:
Lakeside Lawyers, PLLC
856 Tahoe Blvd.
Incline Village, NV 89451

AFTER RECORDING RETURN TO and SEND
TAX STATEMENTS TO:
Timothy J. Daquoiag
488 Meek Avenue
Hayward, California 94541

Affirmation Statement: I the undersigned hereby affirm that
the attached document, including any exhibits, hereby
submitted for recording does not contain the personal
information of any person or persons. (Per NRS 239B.030)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF SURVIVING JOINT TENANT

State of Nevada)
) s.s.
County of Douglas)

TIMOTHY JOHN DAQUOIAG, being first duly sworn, deposes and says:

1. I hereby certify that, currently, I am the sole surviving owner of the property more particularly described herein and commonly known as 3447 Agate Court, Carson City, Nevada (hereafter "Property").

2. On or around May 21, 1985, my father, DOMINGO DAQUIOAG and I took title to the Property as "Joint Tenants with right of survivorship."

3. DOMINGO DAQUIOAG died on August 12, 2005. A true, correct and certified copy of his redacted death certificate is attached as Exhibit "A".

4. The Property, which transferred to me upon DOMINGO DAQUIOAG's death by operation of law, is situated in the County of Douglas, State of Nevada, commonly known as 3447 Agate Court, Carson City, Nevada, Douglas County APN: 1420-07-410-004, and more particularly described as follows:

**Lot 14, in Block C, as shown on the map of VISTA GRANDE SUBDIVISION
UNIT NO. 2, filed in the Office of the County Recorder of Douglas County,
Nevada, on March 20, 1972, as Document No. 58273.**

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.

5. As of the date of recording this Affidavit, the title to the Property is vested as follows: "DOMINGO DAQUIOAG, a widower and TIMOTHY JOHN DAQUIOAG, an unmarried man as Joint Tenants with right of survivorship," as set forth in the Grant, Bargain and Sale Deed recorded on May 21, 1985, as Document Number 117659, Book 585, Page 1780, in the Official Records of said County and State.

Dated this 12 day of JAN, 2023.

Timothy John Daquoiag
TIMOTHY JOHN DAQUIOAG

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)
) ss.
COUNTY OF Alameda)

On January 12, 2023, before me, Geobert Albert Carrillo, a notary public, personally appeared TIMOTHY JOHN DAQUIOAG, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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 [Signature] (Seal)

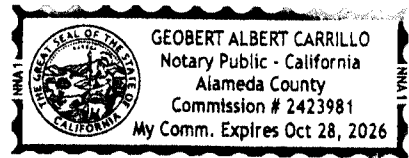


Exhibit "A"

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20050012117

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

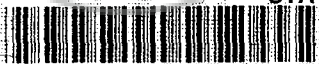
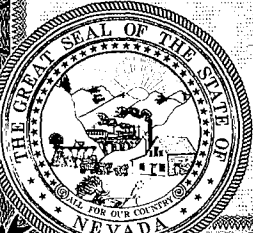
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Domingo P. DAQUIOAG		2. August 12, 2005		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Fm. Inpatient (Specify)	
3b. Carson City		3c. Evergreen Mountain View Care Center		3a. Inpatient 5	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		SEX	
5. Filipino		6. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		4. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Philippines		9b. U.S.A.		10. 3 years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. ████████-8083		14a. Mechanic		11. Widowed	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Carson City		15c. Carson City	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Serapio Daquioag		17. Martia		15d. 3447 Agate Court	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Dorothy Aguilar - Daughter		18b. 1591 Downs Drive, Minden, NV 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Lone Mountain Cemetery		19c. Carson City, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 217		20c. 833 N. Edmonds Drive, Carson City, NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 8/17/05		21c. 11:15 a.m.		22b. <i>[Signature]</i>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		HOUR OF DEATH	
21d.		22d. ON		22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		PRONOUNCED DEAD (Hour)	
23a. Jeffrey Gingold, M.D., 3101 Plumas, Reno, NV 89509		23b. 5867		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE:	
24a. <i>[Signature]</i>		24b. August 17, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART (a) Chronic renal failure					
DUE TO, OR AS A CONSEQUENCE OF:					
PART (b) Diabetes					
DUE TO, OR AS A CONSEQUENCE OF:					
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
AUTOPSY (Specify Yes or No)				WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. NO				27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e.		28f.		28d.	
LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
28g.					



STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: NOV 14 2022

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

[Signature]
STATE REGISTRAR
Administrator

No. 287096

