

DOUGLAS COUNTY, NV

2024-1008420

Rec:\$40.00

\$40.00

Pgs=3

05/23/2024 09:25 AM

U.S. DEEDS

SHAWNYNE GARREN, RECORDER

ASSESSOR'S PARCEL NO. 1220-21-710-229

WHEN RECORDED MAIL TO:

MYRENE L. MCFEE, TRUSTEE
17315 CLEAR SPRING WAY
RIVERSIDE, CA 92503

MAIL TAX NOTICES TO:

MYRENE L. MCFEE, TRUSTEE
17315 CLEAR SPRING WAY
RIVERSIDE, CA 92503

Affidavit of Death of Joint Tenant

The undersigned, being first duly sworn, deposes and says:

1. Affiant is the surviving spouse of GRAHAM JAMES MCFEE, who is named in that particular Certificate of Death attached hereto and made a part hereof.

2. Affiant knows the said GRAHAM JAMES MCFEE, deceased, to be one and the same person as who is named as joint grantee in that particular Deed recorded as Document No. 0458458, on January 11, 1999, in the office of the Recorder of Douglas County, Nevada.

Myrene L. McFee
MYRENE L. MCFEE

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 Riverside

Subscribed and sworn to (or affirmed) before me on this 11th day of April, 2024, by Myrene L. McFee, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Al See
Signature

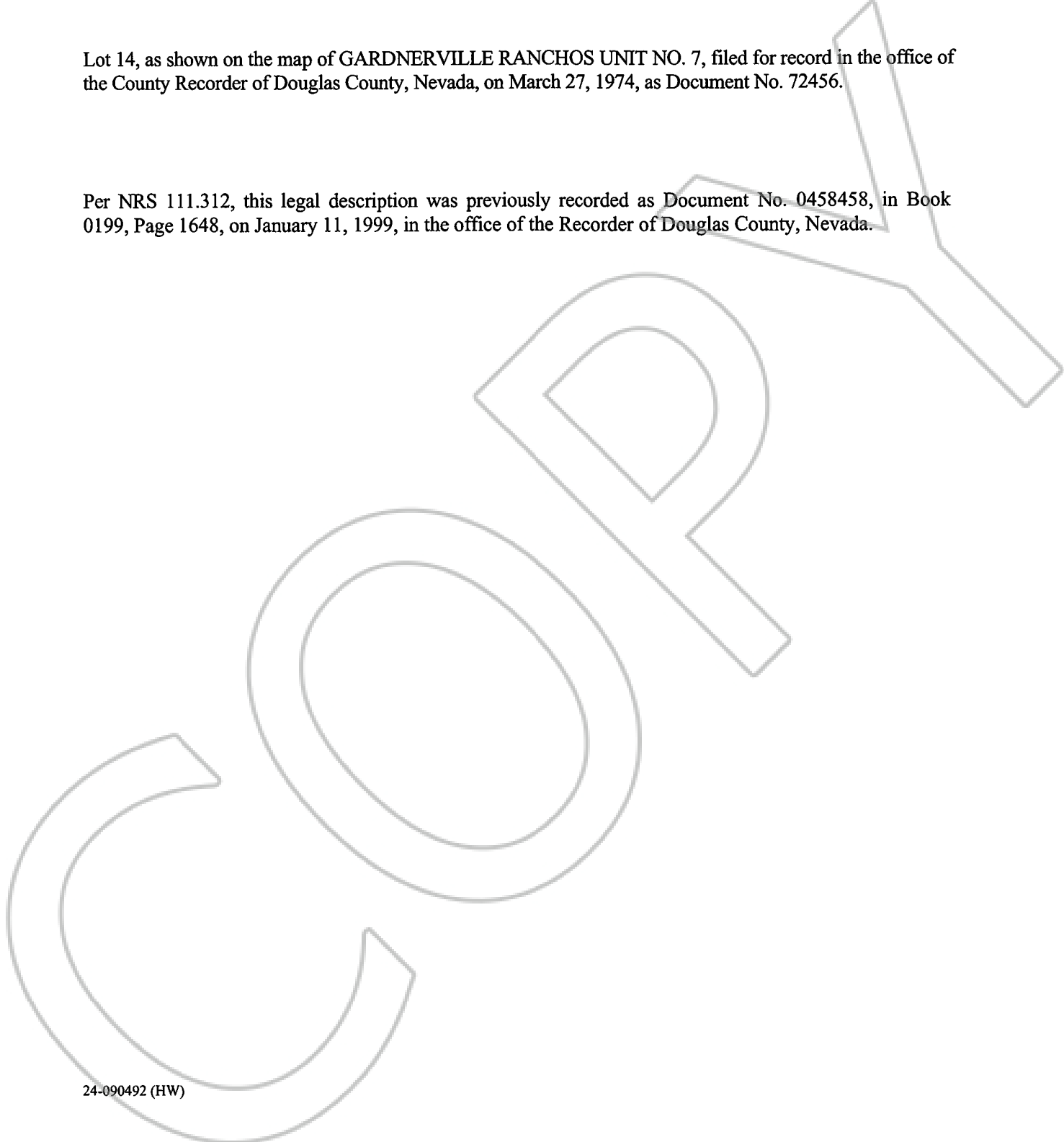
Seal



EXHIBIT A

Lot 14, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Per NRS 111.312, this legal description was previously recorded as Document No. 0458458, in Book 0199, Page 1648, on January 11, 1999, in the office of the Recorder of Douglas County, Nevada.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052023222848

CERTIFICATE OF DEATH

3202333014082

STATE FILE NUMBER 3052023222848		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 10-11 REV. 2005		LOCAL REGISTRATION NUMBER 3202333014082	
1. NAME OF DECEDENT - FIRST (Given) GRAHAM		2. MIDDLE JAMES		3. LAST (Family) MCREE	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 02/22/1951		5. AGE Yrs 72	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 10/10/2023		8. HOUR (24 Hours) 0330	
9. BIRTH STATE/FOREIGN COUNTRY ENGLAND		10. SOCIAL SECURITY NUMBER ██████-7097		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE		14.15 WAS DECEDENT HOSPICALLY TERMINATED? (see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROFESSOR OF PHILOSOPHY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HIGHER EDUCATION	
19. YEARS IN OCCUPATION 48		20. DECEDENT'S RESIDENCE (Street and number, or location) 17315 CLEAR SPRING WAY		21. CITY RIVERSIDE	
22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92503		24. YEARS IN COUNTY 18	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MYRENE MCREE, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 17315 CLEAR SPRING WAY, RIVERSIDE, CA 92503	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MYRENE		29. MIDDLE LU		30. LAST (BIRTH NAME) HALL	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE ALEXANDER		33. LAST MCREE	
34. BIRTH STATE SCOTLAND		35. NAME OF MOTHER/PARENT - FIRST GRACE		36. MIDDLE -	
37. LAST (BIRTH NAME) ROOT		38. BIRTH STATE ENGLAND		39. DISPOSITION DATE mm/dd/yyyy 10/13/2023	
40. PLACE OF FINAL DISPOSITION RES OF MYRENE MCREE		41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS CRESTLAWN MORTUARY		45. LICENSE NUMBER FD1343	
46. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.		47. DATE mm/dd/yyyy 10/12/2023		48. PLACE OF DEATH RESIDENCE - HOSPICE	
49. COUNTY RIVERSIDE		50. FACILITY ADDRESS OR LOCATION (Street and number, or location) 17315 CLEAR SPRING WAY		51. CITY RIVERSIDE	
52. CAUSE OF DEATH SENILE DEGENERATION OF BRAIN		53. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. IMMEDIATE CAUSE (Final disease or condition resulting in death) SENILE DEGENERATION OF BRAIN		56. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST SENILE DEGENERATION OF BRAIN		57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (AREA IN 10) NONE	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		59. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		60. SIGNATURE AND TITLE OF CERTIFIER MICHAEL S BASCH, MD	
61. LICENSE NUMBER A62314		62. DATE mm/dd/yyyy 10/12/2023		63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL S BASCH, MD	
64. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL S BASCH, MD		65. 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		66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
67. INJURY DATE mm/dd/yyyy		68. HOUR (24 Hours)		69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		71. LOCATION OF INJURY (Street and number, or location, and city, and zip)		72. SIGNATURE OF CORONER / DEPUTY CORONER	
73. DATE mm/dd/yyyy		74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		75. STATE REGISTRAR	
76. FAX AUTH.#		77. CENSUS TRACT		78. STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Oct 24, 2023**

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
RIVERSIDE COUNTY CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.
PINC (0, 1) 4823

