

DOUGLAS COUNTY, NV

2024-1011492

Rec:\$40.00

\$40.00

Pgs=5

08/26/2024 04:06 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1420-00-002-002

Escrow No.: 24040647-DD

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
Anna Lee Makhanian
840 Misty Isle Dr.
Glendale, CA 91207

Mail Tax Statements to:
Jorge Negrete-Mendoza and Eili Minerva Negrete
515 Home View Dr.
Adkins, TX 78101


SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

(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) (state specific law).


SIGNATURE

Escrow Officer _____
TITLE

Gina Doyle
Print Signature

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

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1420-00-002-002
Escrow No. 24040647-DD

When Recorded Return to:
Alfred H. Makhonian, Anna Lee Makhonian, Saumel
Makhonian, and Norma E. Makhonian
3161 N. Hwy 395
Minden, NV 89423


SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Anna Lee Makhonian, of legal age, being duly sworn, deposes and says

That Alfred Harry Makhonian the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Alfred H. Makhonian named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 18, 1988 executed by Anabelle Savage, the duly appointed trustee for the bankrupt estate of James I. McDaniel and Marilyn R. McDaniel, dba Karson Valley Kampground, Inc. to Alfred H. Makhonian and Anna Lee Makhonian, husband and wife, as joint tenants with right of survivorship, as to an undivided fifty percent (50%) interest, and Samuel B. Makhonian and Norma E. Makhonian, husband and wife, as joint tenants with right of survivorship, as to an undivided fifty percent (50%) interest recorded as Instrument No. 191439, on November 23, 1988 in Book 1188 Page 3657 of Official Records of Douglas County, Nevada, covering the following described property.

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF



Anna Lee Makhonian

Dated: 8/12/24

STATE OF NEVADA

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____, by

Notary Public

See Attached

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 08.12.2024 before me, Daniel Borquez, Notary Public
(insert name and title of the officer)

personally appeared Anna Lee Makhanian,
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)

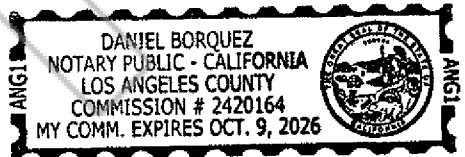


EXHIBIT A

All that certain parcel of land situated in and being a portion of the Northwest 1/4 of the Northeast 1/4 of the Northeast 1/4 of Section 19, Township 14 North, Range 20 East, M.D.B.&M., more particularly described as follows:

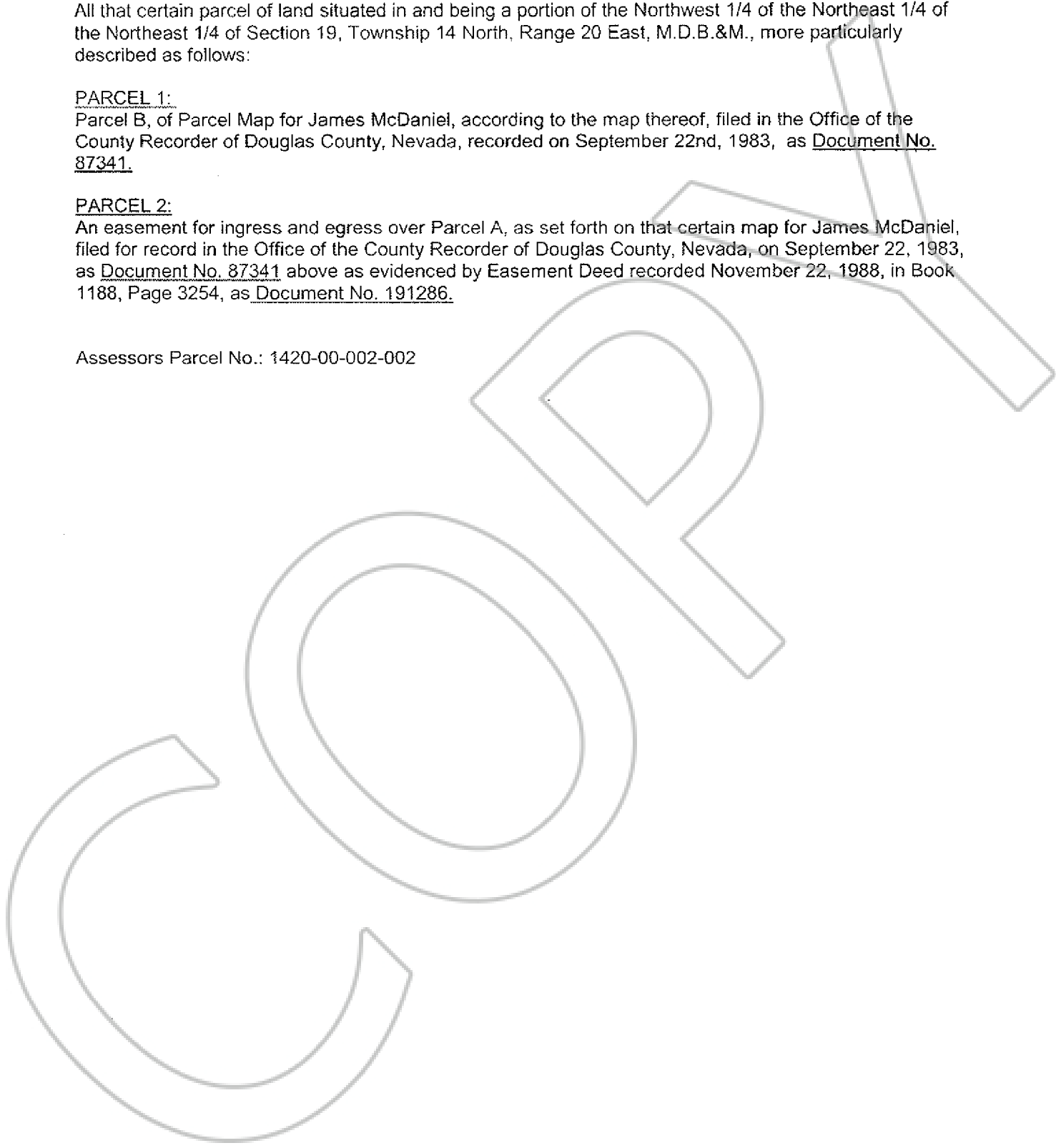
PARCEL 1:

Parcel B, of Parcel Map for James McDaniel, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on September 22nd, 1983, as Document No. 87341.

PARCEL 2:

An easement for ingress and egress over Parcel A, as set forth on that certain map for James McDaniel, filed for record in the Office of the County Recorder of Douglas County, Nevada, on September 22, 1983, as Document No. 87341 above as evidenced by Easement Deed recorded November 22, 1988, in Book 1188, Page 3254, as Document No. 191286.

Assessors Parcel No.: 1420-00-002-002



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200919046398

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (SEE REV. 12/01)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ALFRED		HARRY		MAKHANIAN	
4. DATE OF BIRTH: mm/dd/yyyy			5. AGE Yrs.		6. SEX
06/19/1932			77		M
7. DATE OF DEATH: mm/dd/yyyy		8. HOUR: (24 Hours)			
11/15/2009		1730			
9. STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		5164		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. EDUCATION — Highest Level (Degrees <small>(See worksheet on back)</small>)		14. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
MARRIED		HS GRADUATE		WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED.			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
TELEVISION EXECUTIVE			ENTERTAINMENT		25
20. DECEDENT'S RESIDENCE (Street and number or location)					
840 MISTY ISLE DR					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GLENDALE		LOS ANGELES		91207	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
77		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural 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. MIDDLE		30. LAST (Maiden Name)	
ANNA LEE				SCOTT	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
SAM				MAKHANIAN	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
TURKEY		BERTHA		LARGIAN	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
TURKEY		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 EXAMINER		43. LICENSE NUMBER	
BURIAL		STARLETT REEVES		9111	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MEMR-PRKS & M-LYS		FD 904		JONATHAN FIELDING, MD	
47. DATE: mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
11/20/2009		JONATHAN FIELDING, MD			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
PROVIDENCE SAINT JOSEPH MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
LOS ANGELES		501 S BUENA VISTA ST		BURBANK	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER		109. BIRTH STATE	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MONS	
ADENO CARCINOMA OF LUNG					
110. BIRTH STATE		111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)	
TURKEY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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)		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	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10/27/2009		SHARAD PATEL M.D.	
116. LICENSE NUMBER		117. DATE: mm/dd/yyyy		118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
A25839		11/19/2009		SHARAD PATEL M.D. 201 S BUENA VISTA ST STE 440, BURBANK, CA 91505	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED:		120. INJURED AT WORK?		121. INJURY DATE: mm/dd/yyyy	
<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		<input type="checkbox"/> YES <input 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. DATE: mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

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 E. Fielding MD
Director of Public Health and Registrar

DATE ISSUED
NOV 25 2009

* HD 2028499*

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

