

RECORDING REQUESTED BY AND TO BE RETURNED AFTER
RECORDING TO:

SCOTT EDWARD DARLING
3697 ARLINGTON AVENUE
RIVERSIDE, CA 92506-3938

DOC # 0212644

10/20/2007

2:07 PM

Official Record

Recording requested By
JOHNSON LLOYD

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$40.00

Page 1 of 2

RPTT:

Recorded By: LLH

Book- 0480 Page- 0346

MAIL LEGAL NOTICES AND TAX STATEMENTS TO:

Mail Tax Statements and
Legal Notices to Owners address at
bottom of this page.



0212644

(Space above this line for recorder's use)

Documentary Transfer Tax \$ NONE No consideration for transfer City of _____ or ☐ Unincorporated Area
Computed on: ☒ Full value of property conveyed, or ☒ Computed on full value less liens & encumbrances remaining thereon at time of sale.
Reason for exemption: Conveyance transfers the grantor's interest into grantor's revocable living trust. Rev. & Tax. Code 11911
Signature of declarant or agent determining tax: The undersigned Firm name: Scott Edward Darling

AFFIDAVIT--DEATH OF JOINT TENANT

TRA#

THE UNDERSIGNED, BEING OF LEGAL AGE, BEING FIRST DULY SWORN, DEPOSES AND
DECLARES AS FOLLOWS:

APN#: 001-108-01

NAME OF DECEDENT ON DEATH CERTIFICATE:

Johnson William Lloyd

NAME OF DECEDENT ON DOCUMENT:

Johnson W. Lloyd

THE DECEDENT MENTIONED IN THE ATTACHED CERTIFIED COPY OF CERTIFICATE OF DEATH IS THE SAME PERSON AS
THE PERSON WHO IS NAMED AS ONE OF THE PARTIES IN THAT CERTAIN DOCUMENT DESCRIBED AS FOLLOWS:

TYPE OF DOCUMENT:

Joint Tenancy Deed

EXECUTED BY:

Johnson W. Lloyd

GRANTEE(S):

Johnson W. Lloyd and Johnson Robert Lloyd

DATE RECORDED:

November 14, 1995

IN BOOK #:

289

INSTRUMENT #:

159820

PAGE #:

446

COUNTY RECORDED IN:

Eureka

STATE OF:

Nevada

CONCERNING THE REAL PROPERTY SITUATED AS FOLLOWS:

CITY OF:

COUNTY OF:

Eureka

STATE OF:

Nevada

SAID REAL PROPERTY IS DESCRIBED AS FOLLOWS:

Lot 1 and 2 in Block 14 of the town Eureka, County of Eureka, State of Nevada, with improvements thereon.
TOGETHER with tenements, hereditments, and appurtenances, thereunto belonging or appertaining, and the
reversion and reversions, remainder and remainders, rents, issues, and profits thereon.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT
AND IF CALLED TO TESTIFY THERETO THAT I COULD AND WOULD SO COMPETENTLY TESTIFY THERETO:

Place of Execution:

Riverside, CA

Date:

July 17, 2003

Affiant Signature:

NAME: Johnson Robert Lloyd

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California, County of: Riverside, SS

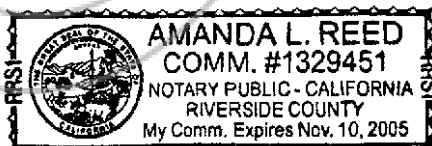
On July 17, 2003

before me, the undersigned, a Notary Public in and for said State, personally appeared:

Johnson Robert Lloyd

personally known to me (or 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. SEAL:

Amanda L Reed
NOTARY PUBLIC



Mail Tax and
Legal Notices to:

Mr. Johnson R. Lloyd, 24742 Scott Ln., Lake Forest, CA 92630

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 99 IMAGE 538

381

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

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 LASTCAUSE OF
DEATH

LOCAL FILE NUMBER		381		STATE FILE NUMBER	
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Johnson William LLOYD			2. February 15, 2000		3a. Washoe
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX
3b. Reno			3c. Washoe Medical Center		4. Male
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.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White		6.		7a. 84	7b. : 7c. : 7d. :
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Nevada		9b. U.S.A.		10. 14	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13.		14a. District Attorney		14b. County Government	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	
15a. Nevada		15b. Eureka	15c. Eureka	15d. Bateman and Buele	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
16. Alexander Lloyd		17. Edna Johnson		15e. Yes	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Johnson R. Lloyd			18b. 24742 Scott Lane Lake Forest California 92630		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CREMERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		9		Northern Nevada Memorial	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 2/18/00		21c. 1520		22b. 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Joseph Brandy, MD 75 Pringle Way #512, Reno NV 89502					23b. 6247
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. February 18, 2000		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FORM), (b), AND (c),				Interval between onset and death	
PART (a) cardiac arrest				10 min	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) cancer to chest anti-tumor & com. adhesions				13 days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) anti-tumor and com. adhesions					
PART 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		26. No		27. No	
ACC. SUICIDE, HOM. UNDET., OF PENDING INVEST.		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c.		28d.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No.	
28f.		28g.		CITY OR TOWN STATE	

0212644 Book: 480 10/20/2007
Page: 347 Page: 2 of 2

No. 159110

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar:

Date: