

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



0212644

(Space above this line for recorder's use)

RECORDING REQUESTED BY AND TO BE RETURNED AFTER RECORDING TO:

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

MAIL LEGAL NOTICES AND TAX STATEMENTS TO:

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

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:

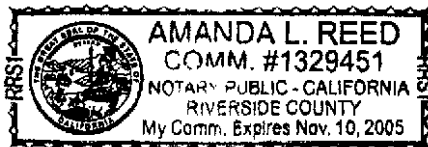
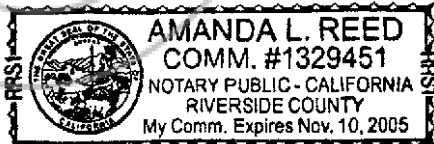
Place of Execution: Riverside, CA Date: July 17, 2003 Affiant Signature: [Signature]  
NAME: Johnson Robert Lloyd

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. WITNESS my hand and official seal. 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 LAST

**CAUSE OF DEATH**

LOCAL FILE NUMBER 381		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Johnson William LLOYD			DATE OF DEATH (Month, Day, Year) 2. February 15, 2000
CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.
AGE—Last Birthday (Years) 7a. 84		UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
DATE OF BIRTH (Mo., Day, Yr.) 8. May 24, 1915		SEX 4. Male	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 14
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. District Attorney	KIND OF BUSINESS OR INDUSTRY 14b. County Government
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Eureka	STREET AND NUMBER 15d. Bateman and Buele
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		SURVIVING SPOUSE (If wife, give maiden name) 12.	
FATHER—NAME First Middle Last 16. Alexander Lloyd		MOTHER—MAIDEN NAME First Middle Last 17. Edna Johnson	
INFORMANT—NAME (Type or Print) 18a. Johnson R. Lloyd		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 24742 Scott Lane Lake Forest California 92630	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory	LOCATION City or Town State 19c. Reno Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>James Henderson</i>		FUNERAL DIRECTOR LICENSE NUMBER 9	NAME AND ADDRESS OF FACILITY Northern Nevada Memorial 20c. 616 South Wells Avenue Reno Nevada 89502
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) <i>Joseph P. Brandly, M.D.</i>		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) <i>Joseph P. Brandly, M.D.</i>	
DATE SIGNED (Mo., Day, Yr.) 21b. 2/18/00		HOUR OF DEATH 21c. 1520	DATE SIGNED (Mo., Day, Yr.) 22b.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Joseph Brandly, MD 75 Pringle Way #512, Reno NV 89502			LICENSE NUMBER 23b. 6247
REGISTRAR 24a. (Signature) <i>Dando Budge</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 18, 2000	DEATH DUE TO COMMUNICABLE DISEASE 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 1	(a) <i>cardiac arrest</i>		Interval between onset and death 10 min
PART 1	(b) <i>anemia to onset anti-streptococcal arthritis 13 days</i>		Interval between onset and death
PART 1	(c) <i>anti-streptococcal arthritis and coronary artery disease</i>		Interval between onset and death
PART 2	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. NO
ACC. SUICIDE, HOM. UNDET., OF PENDING INVEST. 28b.		DATE OF INJURY (Mo., Day, Yr.) 28c.	HOUR OF INJURY 28d. M
DESCRIBE HOW INJURY OCCURRED 28e.		LOCATION 28f.	STREET OR R.F.D. No. CITY OR TOWN STATE 28g.

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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: *Dando Budge* Date: FEB 28 2000

