

DOC # 0224477

06/27/2013

02:44 PM

Official Record

Recording requested By
RECON TRUST CO

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

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RPTT:

Recorded By: FES

Book- 550 Page- 0335



0224477

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENTS CONTAINS NO INDIVIDUAL'S FEDERAL SOCIAL SECURITY NUMBER

Jesse Lester, Assistant Vice President



UID:e3bc80b1-1d89-481f-a9d0-548cd7c6b294

DOCID_5792823238858007

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

WHEREAS, CHRIS A JENSEN, AMY JENSEN

Is the trustor, Mortgage Electronic Registration Systems, Inc. is the current beneficiary ("Beneficiary") and STEWART TITLE OF NORTHEASTERN NEVADA was the original trustee under that certain Deed of Trust dated 05/22/2003 and recorded 05/29/2003, as Instrument or Document No. 181924, in Book 361, Page 383, of Official Records of the County of EUREKA, State of Nevada.

NOW THEREFORE, the undersigned Beneficiary hereby substitutes a new trustee, ReconTrust Company, N.A., ("Trustee") under the Deed of Trust, and Trustee does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate now held by Trustee under the Deed of Trust.

Dated: 06/11/2013

Beneficiary:

Mortgage Electronic Registration Systems, Inc.

By: 

Sergio Mejia
Assistant Vice President

Trustee:

ReconTrust Company, N.A.

By: 

Jesse Lester
Assistant Vice President

CHRIS A JENSEN, AMY JENSEN
PO Box 57
Eureka, NV 89316

Document Prepared By And
When Recorded Return To:
ReconTrust Company, N.A.
2575 W. Chandler Blvd.
Mail Stop: AZ1-804-02-11
Chandler, AZ 85224
(800) 540-2684

Acknowledgment

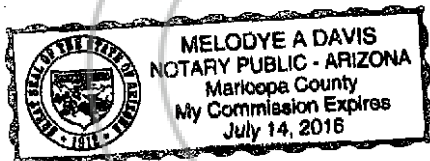
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Attached to Substitution of Trustee and Full Reconveyance dated: 06/11/2013
2 pages including this page

STATE OF ARIZONA,
COUNTY OF MARICOPA

On 6.11.13, before me, Melodye A. Davis, Notary Public, personally appeared Sergio Mejia, Assistant Vice President of Mortgage Electronic Registration Systems, Inc., and Jesse Lester, Assistant Vice President of ReconTrust Company, N.A., whose identities were proven to me on the basis of satisfactory evidence to be the persons they claim to be and whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or entity upon behalf of which the persons acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year last written.



Melodye A. Davis

Melodye A. Davis
Notary Public for said State and County

CHRIS A JENSEN, AMY JENSEN
PO Box 57
Eureka, NV 89316

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF COMMUNITY HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 1/99)

3200710 000986

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Divorced)		3. LAST (Family)	
Alice		Myrick	
AKA, AL SO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	
		09/29/1928	
5. AGE Yrs		6. SEX	
78		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION -- Highest Level Degree (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
H.S. Graduate <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		02/17/2007	
14. WAS DECEDENT SPANISH/SPANOLATING? (If yes, see worksheet on back)		8. HOUR (24 Hour)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		0700	
15. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)		16. YEARS IN OCCUPATION	
White		30	
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.)	
Manager		Uniform Supplier	
20. DECEDENT'S RESIDENCE (Street and number or location)			
1917 Mission Circle			
21. CITY		22. COUNTY/PROVINCE	
Tulare		Tulare	
23. ZIP CODE		24. YEARS IN COUNTY	
93274		37	
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Daniel Giosa Jr. Son		5581 N. Bond, Fresno, CA. 93710	
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
James		Burton	
30. NAME OF FATHER -- FIRST		31. MIDDLE	
John			
32. NAME OF MOTHER -- FIRST		33. MIDDLE	
Turfanda			
34. BIRTH STATE		35. BIRTH STATE	
Armenia		Armenia	
36. BIRTH STATE		37. LAST (Maiden Name)	
Armenia		Helvadjian	
38. BIRTH STATE		39. LAST (Maiden Name)	
Armenia		Helvadjian	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
02/23/2007		Masis Ararat Cemetery, Fresno, California	
42. TYPE OF DISPOSITION(S)		43. LICENSE NUMBER	
BU		7634	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Farewell Funeral Service		FD 1629	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
Michael Brown		02/21/2007 LC	
48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy	
Michael Brown		02/21/2007 LC	
50. PLACE OF DEATH		51. COUNTY	
Hinds Hospice		Fresno	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		53. CITY	
1416 W. Twain		Fresno	
54. CAUSE OF DEATH		55. TIME ELAPSED BETWEEN DEATH AND REPORT	
Ovarian Cancer		2 Years	
56. IMMEDIATE CAUSE (Final disease or condition resulting in death)		57. DEATH REPORTED TO CORNER?	
(A) Ovarian Cancer		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) Subsequently, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		58. BIRTH STATE	
		Armenia	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		60. BIRTH STATE	
None		Armenia	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		62. IF FEMALE, PREGNANT IN LAST YEAR?	
No		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		64. SIGNATURE AND TITLE OF CERTIFIER	
Deceased Attended Since		Marshall S. Flam MD., 7130 N. Millbrook #100, Fresno, CA. 93720	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		66. LICENSE NUMBER	
Marshall S. Flam MD., 7130 N. Millbrook #100, Fresno, CA. 93720		G20870	
67. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		68. DATE mm/dd/yyyy	
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		02/21/2007	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURED AT WORK?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
71. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		72. INJURY DATE mm/dd/yyyy	
		122. HOUR (24 Hour)	
73. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
74. SIGNATURE OF CORONER / DEPUTY CORONER		75. DATE mm/dd/yyyy	
76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
77. STATE REGISTRAR		78. FAX AUTH. #	
A B C D E		76048	
79. GENDER		80. SEX	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Community Health.

MAR 08 2007

DATE ISSUED

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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