

DOC # 0228888

12/05/2014

01:35 PM

Official Record

Recording requested By
WILLIAM P JOSEPH

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LH

Book- 575 Page- 0396

APN# 005-210-01

Recording Requested by and Return To:

Name William P. Joseph

Address 1015 Uppingham Drive

City/State/Zip Thousand Oaks, CA 91320



AFFIDAVIT - DEATH OF TRUSTEE

(Title of Document)

This cover page must be type or printed.

RECORDING REQUESTED BY
William P. Joseph

WHEN RECORDED MAIL THIS
AFFIDAVIT TO:
William P. Joseph
1015 Uppingham Drive
Thousand Oaks, CA 91360

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss
COUNTY OF EUREKA)

WILLIAM P. JOSEPH, TRUSTEE, of legal age, being first sworn, deposes and says:

1) That Nancy J. Joseph, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Nancy J. Joseph as Trustee in that certain Declaration of Trust dated April 25, 1992, executed by William P. Joseph and Nancy J. Joseph, as Trustors and Trustees.

2) At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on July 06, 1992, as Instrument No. 141475, in the Official Records of Eureka County, State of Nevada, covering the following described property: The North half of the North half of the Northwest quarter of section 15, Township 30 North, Range 48 East, M.D.B.M., and The North half of the North half of the Northwest quarter of the Northeast quarter of Section 15, Township 30 North, Range 48 East, as per Government Survey. Reserving therefrom an easement of 30 feet along all boundaries for ingress and egress, with power to delegate. *APN # 005-210-01*

3) I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am I designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

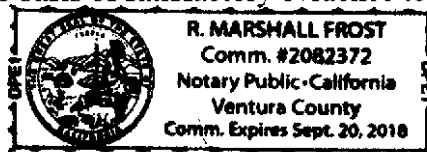
Dated: 11/06/2014

W. P. Joseph
William P. Joseph, Trustee

State of California)
) ss
County of Ventura)

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 6th day of NOVEMBER, 2014, by William P. Joseph, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

R. Marshall Frost
Signature of Notary



(This area for official notarial seal)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of Ventura
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3201156000852

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NANCY		2. MIDDLE ANN	3. LAST (Family) JOSEPH
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy 07/01/1941		5. AGE Yrs. 69	6. SEX F
7. BIRTH STATE/FOREIGN COUNTRY IN	8. SOCIAL SECURITY NUMBER	9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	10. MARITAL STATUS (at time of death) MARRIED
11. EDUCATION - Highest Level Degree (see worksheet on back) ASSOCIATE		12. DATE OF DEATH mm/dd/yyyy 02/28/2011	13. HOURS - (24 Hours) 1753
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ACCOUNTING AND TAX SERVICE		17. YEARS IN OCCUPATION 41	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1015 UPPINGHAM DRIVE			
21. CITY THOUSAND OAKS	22. COUNTY/PROVINCE VENTURA	23. ZIP CODE 91360	24. STATE/FOREIGN COUNTRY CA
25. INFORMANT'S NAME, RELATIONSHIP WILLIAM P. JOSEPH, HUSBAND		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1015 UPPINGHAM DRIVE, THOUSAND OAKS, CA 91360	
27. NAME OF SURVIVING SPOUSE/SPouse - FIRST WILLIAM		28. MIDDLE PETER	29. LAST (BIRTH NAME) JOSEPH
30. NAME OF FATHER/PARENT - FIRST RAYMOND		31. MIDDLE ALEXANDER	32. LAST O'BRIEN
33. NAME OF MOTHER/PARENT - FIRST IRENE		34. MIDDLE ISABEL	35. LAST (BIRTH NAME) THERIAC
36. DISPOSITION DATE mm/dd/yyyy 03/07/2011		37. PLACE OF FINAL DISPOSITION MEMORIAL PARK VINCENNES, IN 47591	
38. TYPE OF DISPOSITION CR/TR/BU		39. SIGNATURE OF EMBALLER LUIS SANCHEZ	40. LICENSE NUMBER EMB8311
41. NAME OF FUNERAL ESTABLISHMENT VALLEY OAKS GRIFFIN MORTUARY		42. LICENSE NUMBER FD1344	43. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD
44. DATE mm/dd/yyyy 03/03/2011		45. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD	
46. PLACE OF DEATH THE BRADLEY HOUSE		47. CITY SIMI VALLEY	
48. COUNTY VENTURA		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4031 APRICOT ROAD	
50. CAUSE OF DEATH ALZHEIMER'S DISEASE		51. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death)		53. TIME ELAPSED BETWEEN DEATH AND REPORT YRS	
54. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		56. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		58. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		60. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
61. SIGNATURE AND TITLE OF CERTIFIER FRANCIS MERCER DAWSON M.D.		62. LICENSE NUMBER G33376	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE FRANCIS MERCER DAWSON M.D., 2100 LYNN ROAD 215, THOUSAND OAKS, CA 91360		64. DATE 03/02/2011	
65. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Pending Investigation, Could not be determined)		66. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. INJURY DATE mm/dd/yyyy 02/27/2011	
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		69. HOURS (24 Hours) 122	
70. LOCATION OF INJURY (Street and number, or location, and city, and zip)		70. SIGNATURE OF CORONER / DEPUTY CORONER	
71. SIGNATURE OF CORONER / DEPUTY CORONER		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
72. STATE REGISTRAR		72. FAX AUTH.#	
73. CENSUS TRACT		73. CENSUS TRACT	

Book: 575
Page: 398
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

DATE ISSUED **03/04/2011**

Robert M. Levin, M.D.
HEALTH OFFICER

VENTURA COUNTY, CALIFORNIA

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

