

**RECORDING REQUESTED BY:**  
JAMES A. HUMPHREYS, JR., ESQ.

**WHEN RECORDED MAIL TO:**  
JAMES A. HUMPHREYS, JR., ESQ.  
18831 Von Karman, Suite 150  
Irvine, California 92612

**MAIL TAX STATEMENTS TO:**  
John Craig Nelson, Trustee  
5540 E. Las Lomas St.  
Long Beach, CA 90815

EUREKA COUNTY, NV      **2017-234106**  
Rec \$35 00  
Total \$35 00      **11/13/2017 01:51 PM**  
JAMES HUMPHREYS      Pgs=2



LISA HOEHNE, RECORDER

APN: 03-086-05

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**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA

COUNTY OF EUREKA

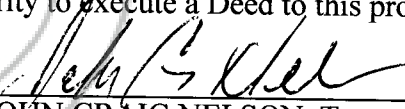
JOHN CRAIG NELSON, Trustee of the SURVIVOR'S TRUST of the ROBERT AND DOLORES NELSON TRUST dated June 17, 1980 of legal age, after first being duly sworn, deposes and states that DOLORES A. NELSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOLORES A. NELSON, named as the grantee in that certain Grant Deed dated August 6, 2001, executed by DOLORES A. NELSON, Trustee of the ROBERT AND DOLORES NELSON TRUST dated June 17, 1980, to DOLORES A. NELSON, Trustee of the SURVIVOR'S TRUST of the ROBERT AND DOLORES NELSON TRUST dated June 17, 1980, recorded as Instrument No. 176864, Book 343, Page 81 on August 31, 2001, Official Records of Eureka County, State of Nevada, concerning unincorporated area in the City of Crescent Valley, County of Los Eureka, State of Nevada described as:

Lot 5 of Block 12 of CRESCENT VALLEY RANCH & FARMS, Unit No. 4, as per map recorded in said County as File No. 345.

Commonly known as 302 N. 10<sup>th</sup> Street, Crescent Valley, NV 89821

I further depose and state that this Affidavit is made pursuant to my authority as sole Trustee named in the aforementioned Trust to evidence my authority to execute a Deed to this property.

Dated: 11/7/17

  
JOHN CRAIG NELSON, Trustee

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 ORANGE      )

ss.

Subscribed and sworn to (or affirmed) before me on this 7<sup>th</sup> day of November 2017, by JOHN CRAIG NELSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Notary Signature



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF LONG BEACH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

LONG BEACH, CALIFORNIA

3052016213801

**CERTIFICATE OF DEATH**

3201662002777

STATE FILE NUMBER 3052016213801		LOCAL REGISTRATION NUMBER 3201662002777	
1 NAME OF DECEDENT - FIRST (Given) <b>DOLORES</b>		2 MIDDLE <b>A.</b>	
3 LAST (Family) <b>NELSON</b>		4 DATE OF BIRTH mm/dd/yyyy <b>02/10/1922</b>	
5 AGE Yrs <b>94</b>		6 SEX <b>F</b>	
7 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		8 SOCIAL SECURITY NUMBER [REDACTED]	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER [REDACTED]	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SRDP* (at Time of Death) <b>WIDOWED</b>	
13 EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BOOKKEEPER</b>	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MANUFACTURING</b>		19 YEARS IN OCCUPATION <b>20</b>	
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>2401 STEARNLEE AVE</b>			
21 CITY <b>LONG BEACH</b>		22 COUNTY/PROVINCE <b>LOS ANGELES</b>	
23 ZIP CODE <b>90815</b>		24 YEARS IN COUNTY <b>77</b>	
25 STATE/FOREIGN COUNTRY <b>CA</b>		26 INFORMANT'S NAME, RELATIONSHIP <b>JOHN CRAIG NELSON, SON</b>	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5540 LAS LOMAS, LONG BEACH, CA 90815</b>		28 NAME OF SURVIVING SPOUSE/SRDP*-FIRST <b>-</b>	
29 MIDDLE <b>-</b>		30 LAST (BIRTH NAME) <b>-</b>	
31 NAME OF FATHER/PARENT-FIRST <b>JOHN</b>		32 MIDDLE <b>-</b>	
33 LAST <b>JEROUSEK</b>		34 BIRTH STATE <b>IL</b>	
35 NAME OF MOTHER/PARENT-FIRST <b>JULIA</b>		36 MIDDLE <b>-</b>	
37 LAST (BIRTH NAME) <b>MATEJKA</b>		38 BIRTH STATE <b>UNKNOWN</b>	
39 DISPOSITION DATE mm/dd/yyyy <b>11/03/2016</b>		40 PLACE OF FINAL DISPOSITION <b>ALL SOULS CEMETERY 4400 CHERRY AVE, LONG BEACH, CA 90807</b>	
41 TYPE OF DISPOSITION(S) <b>BU</b>		42 SIGNATURE OF EMBALMER <b>RICARDO SEGOVIANO</b>	
43 LICENSE NUMBER <b>EMB8243</b>		44 NAME OF FUNERAL ESTABLISHMENT <b>ALL SOULS MORTUARY</b>	
45 LICENSE NUMBER <b>FD 1691</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>ANISSA DAVIS, MD, MPH</b>	
47 DATE mm/dd/yyyy <b>11/02/2016</b>		48 SIGNATURE OF LOCAL REGISTRAR <b>ANISSA DAVIS, MD, MPH</b>	
101 PLACE OF DEATH <b>LONG BEACH MEMORIAL MEDICAL CENTER</b>		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104 COUNTY <b>LOS ANGELES</b>	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2801 ATLANTIC AVE.</b>		106 CITY <b>LONG BEACH</b>	
107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) INTRACRANIAL HEMORRHAGE</b>		108 DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WEEKS <b>2016-07798</b>	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) BLUNT HEAD TRAUMA</b>		109 BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEEKS	
110 AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, HYPERTENSION</b>			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy Decedent Last Seen Alive: (C) mm/dd/yyyy		115 SIGNATURE AND TITLE OF CERTIFIER <b>MARIO SAINZ, DEPUTY CORONER</b>	
116 LICENSE NUMBER <b>50</b>		117 DATE mm/dd/yyyy <b>11/02/2016</b>	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
119 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		120 INJURY DATE mm/dd/yyyy <b>09/28/2016</b>	
121 HOUR (24 Hours) <b>UNK</b>		122 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>MARIO SAINZ, DEPUTY CORONER</b>	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>RESIDENCE</b>			
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>GROUND LEVEL FALL</b>			
125 LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>2401 STEARNLEE AVE, LONG BEACH, CA 90815</b>			
126 SIGNATURE OF CORONER / DEPUTY CORONER <b>MARIO SAINZ</b>		127 DATE mm/dd/yyyy <b>11/02/2016</b>	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>MARIO SAINZ, DEPUTY CORONER</b>		129 FAX AUTH#	
STATE REGISTRAR <b>A</b>		CENSUS TRACT <b>010001003384589</b>	

**CERTIFIED COPY OF VITAL RECORD**  
**STATE OF CALIFORNIA, CITY OF LONG BEACH**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED **NOV 18 2016**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALONGBEED



*Anissa Davis MD, MPH*

HEALTH OFFICER