

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

Rec \$35.00

Total \$35.00

JAMES HUMPHREYS

2017-234106

11/13/2017 01:51 PM

Pgs=2



00000368201702341060020027

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. 10th 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 7th 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		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) DOLORES		3 LAST (Family) NELSON	
2 MIDDLE A.		4 DATE OF BIRTH mm/dd/yyyy 02/10/1922	
5 AGE Yrs 94		6 SEX F	
7 DATE OF DEATH mm/dd/yyyy 10/27/2016		8 HOUR (24 hours) 0440	
9 BIRTH STATE/FOREIGN COUNTRY CA		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/SDP* (at Time of Death) WIDOWED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		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) CAUCASIAN		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BOOKKEEPER	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANUFACTURING		19 YEARS IN OCCUPATION 20	
20 DECEDENT'S RESIDENCE (Street and number, or location) 2401 STEARNLEE AVE			
21 CITY LONG BEACH		22 COUNTY/PROVINCE LOS ANGELES	
23 ZIP CODE 90815		24 YEARS IN COUNTY 77	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP JOHN CRAIG NELSON, SON	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5540 LAS LOMAS, LONG BEACH, CA 90815		28 NAME OF SURVIVING SPOUSE/SDP* - FIRST -	
29 MIDDLE -		30 LAST (BIRTH NAME) -	
31 NAME OF FATHER/PARENT - FIRST JOHN		32 MIDDLE -	
33 LAST JEROUSEK		34 BIRTH STATE IL	
35 NAME OF MOTHER/PARENT - FIRST JULIA		36 MIDDLE -	
37 LAST (BIRTH NAME) MATEJKA		38 BIRTH STATE UNKNOWN	
39 DISPOSITION DATE mm/dd/yyyy 11/03/2016		40 PLACE OF FINAL DISPOSITION ALL SOULS CEMETERY 4400 CHERRY AVE, LONG BEACH, CA 90807	
41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER RICARDO SEGOVIANO	
43 LICENSE NUMBER EMB8243		44 NAME OF FUNERAL ESTABLISHMENT ALL SOULS MORTUARY	
45 LICENSE NUMBER FD 1691		46 SIGNATURE OF LOCAL REGISTRAR ANISSA DAVIS, MD, MPH	
47 DATE mm/dd/yyyy 11/02/2016		48	
101 PLACE OF DEATH LONG BEACH MEMORIAL MEDICAL CENTER		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> OCA	
103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104 CITY LONG BEACH	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2801 ATLANTIC AVE.		106	
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) (A) INTRACRANIAL HEMORRHAGE (B) BLUNT HEAD TRAUMA 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 (C) (D)		108 DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) WEEKS 2016-07798 (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (E) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, HYPERTENSION			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
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 MARIO SAINZ	
116 LICENSE NUMBER 503		117 DATE mm/dd/yyyy 11/02/2016	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARIO SAINZ, DEPUTY CORONER			
119 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			
120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121 INJURY DATE mm/dd/yyyy 09/28/2016		122 HOUR (24 hours) UNK	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE			
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) GROUND LEVEL FALL			
125 LOCATION OF INJURY (Street and number, or location, and city, and zip) 2401 STEARNLEE AVE, LONG BEACH, CA 90815			
126 SIGNATURE OF CORONER / DEPUTY CORONER MARIO SAINZ			
127 DATE mm/dd/yyyy 11/02/2016		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER MARIO SAINZ, DEPUTY CORONER	
STATE REGISTRAR A		CENSUS TRACT 010001003384589	

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



000640303

Anissa Davis MD, MPH

HEALTH OFFICER

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

