

**RECORDING REQUESTED BY:**

VAL DORNAY, ATTORNEY

**When Recorded Mail Document  
and Tax Statement To:**

Mark Mattox  
2097 E. Decatur Ave.  
Fresno, CA 93720

EUREKA COUNTY, NV  
LAND-TJT  
Rec:\$37.00  
Total:\$37.00  
MARK MATTOX

**2022-247787**  
01/27/2022 01:42 PM  
Pgs=2



00015389202202477870020025  
LISA HOEHNE, CLERK RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

I, **MARK MATTOX**, of legal age, being first duly sworn, deposes and says:

That **CLEO HAROLD MATTOX**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **CLEO H. MATTOX**, named as one of the parties in that certain **JOINT TENANCY DEED** dated November 9, 2007,

executed by **CLEO H. MATTOX**, a single man,

to **CLEO H. MATTOX**, a single man, **MARK MATTOX**, a married man as his sole and separate property and **PHILLIP MATTOX**, a married man as his sole and separate property, all as Joint Tenants, recorded as Instrument No. 0211636 on February 5, 2008, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Lot 7, Block 12, Crescent Valley Ranch & Farms Unit No. 3, as recorded TP #3-031-06  
APN: 003-031-06

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: January 24, 2022 Mark V. Mattox  
**MARK MATTOX**

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.

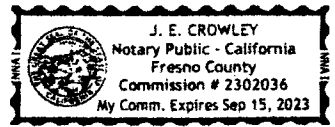
STATE OF CALIFORNIA,

COUNTY OF FRESNO,

**SUBSCRIBED AND SWORN TO (OR AFFIRMED) before me on**  
this 24<sup>th</sup> day of January, 2022,  
by **MARK MATTOX**,  
proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature J. E. Crowley  
Notary Public

(seal)



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH  
FRESNO, CALIFORNIA

#### CERTIFICATE OF DEATH

3202110006044

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CLEO</b>		2. MIDDLE <b>HAROLD</b>		3. LAST (Family) <b>MATTOX</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>10/14/1931</b>		5. AGE Yrs. <b>89</b> If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
6. SEX <b>M</b>		9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>08/22/2021</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>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FIRE FIGHTER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FIRE FIGHTER</b>		19. YEARS IN OCCUPATION <b>25</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>371 BETHEL AVE. SP. 61</b>					
21. CITY <b>SANGER</b>		22. COUNTY/PROVINCE <b>FRESNO</b>		23. ZIP CODE <b>93657</b>	
24. YEARS IN COUNTY <b>89</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
27. INFORMANT'S NAME AND ADDRESS (Street and number, or rural route number, city or town, state, and zip) <b>PHILLIP MATTOX, SON 510 E. GARLAND AVE. FRESNO, CA 93704</b>					
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>CLEO</b>		32. MIDDLE <b>HENRY</b>		33. LAST <b>MATTOX</b>	
34. BIRTH STATE <b>KS</b>		35. NAME OF MOTHER/PARENT - FIRST <b>SARAH</b>		36. MIDDLE <b>REBECCA</b>	
37. LAST (BIRTH NAME) <b>ANDERSON</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>09/23/2021</b>		40. PLACE OF FINAL DISPOSITION <b>SANGER CEMETERY 568 S. RAINBOW ROAD, SANGER, CA 93657</b>			
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>WALLIN'S SANGER FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD502</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ RAIS VOHRA, MD</b>	
47. DATE mm/dd/yyyy <b>09/01/2021</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>					
104. COUNTY <b>FRESNO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>371 BETHEL AVE. SP. 61</b>		106. CITY <b>SANGER</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 venous air embolism without showing the etiology. DO NOT ABBREVIATE. <b>(A) SEVERE INTERSTITIAL LUNG DISEASE</b>					
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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>ATRIAL FIBRILLATION, CORONARY ARTERY 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 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: _____ Decedent Last Seen After: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ DUC MINH CHUNG, MD</b>		116. LICENSE NUMBER <b>A123039</b>	
117. DATE mm/dd/yyyy <b>08/30/2021</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>2615 E CLINTON AVE, FRESNO, CA 93703</b>			
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 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 type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT					

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 Public Health.



\* 001401698 \*

SEP 24 2021

DATE ISSUED

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

*Rais Vohra MD*  
RAIS VOHRA, M.D.  
FRESNO COUNTY LOCAL REGISTRAR

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

