

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 24th day of January, 2022,

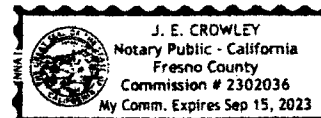
by **MARK MATTOX**,

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

[Signature]
Notary Public

(seal)



AFFIDAVIT - DEATH OF JOINT TENANT

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. 5/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CLEO		2. MIDDLE HAROLD		3. LAST (Family) MATTOX	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/14/1931		5. AGE Yrs. 89	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 08/22/2021		8. HOUR (24 Hours) 0920	
9. BIRTH STATE/FOREIGN COUNTRY CA		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) WIDOWED		13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIRE FIGHTER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIRE FIGHTER	
18. YEARS IN OCCUPATION 25		20. DECEDENT'S RESIDENCE (Street and number, or location) 371 BETHEL AVE. SP. 61		21. CITY SANGER	
22. COUNTY/PROVINCE FRESNO		23. ZIP CODE 93657		24. YEARS IN COUNTY 89	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP PHILLIP MATTOX, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state, and zip) 510 E. GARLAND AVE. FRESNO, CA 93704	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST CLEO		32. MIDDLE HENRY		33. LAST MATTOX	
34. BIRTH STATE KS		35. NAME OF MOTHER/PARENT - FIRST SARAH		36. MIDDLE REBECCA	
37. LAST (BIRTH NAME) ANDERSON		38. BIRTH STATE CA		39. BIRTH STATE CA	
38. DISPOSITION DATE mm/dd/yyyy 09/23/2021		40. PLACE OF FINAL DISPOSITION SANGER CEMETERY		41. TYPE OF DISPOSITION(S) BU	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT WALLIN'S SANGER FUNERAL HOME	
45. LICENSE NUMBER FD502		46. SIGNATURE OF LOCAL REGISTRAR RAIS VOHRA, MD		47. DATE mm/dd/yyyy 09/01/2021	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY FRESNO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 371 BETHEL AVE. SP. 61		106. CITY SANGER	
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. (A) SEVERE INTERSTITIAL LUNG DISEASE		Time Interval Between Death and Death 21-08-388		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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 ATRIAL FIBRILLATION, CORONARY ARTERY 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: mm/dd/yyyy 12/04/2020		115. SIGNATURE AND TITLE OF CERTIFIER RAIS VOHRA, MD		116. LICENSE NUMBER A123039	
117. DATE mm/dd/yyyy 08/30/2021		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAIS VOHRA, MD		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2615 E CLINTON AVE, FRESNO, CA 93703	
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.

FRESNO COUNTY LOCAL REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

