

EUREKA COUNTY, NV **2023-251357**
Rec:\$37.00
\$37.00 Pgs=3 12/19/2023 01:09 PM
BARGER AND BATTIEST LAW, APC
KATHERINE J. BOWLING, CLERK RECORDER

RECORDING REQUESTED BY:
BARGER & BATTIEST LAW, APC

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:
Esther V. Chavez
8095 Bogey Ave.
Hemet, CA 92545

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 005-260-17

ESTHER CHAVEZ, of legal age, hereby certifies and declares:

I am 18 years of age or over. The decedent described in the attached copy of the Certificate of Death is the same person as Manuel G. Chavez, who is named as one of the parties in the Grant, Bargain Sale Deed dated July 26, 1967 executed by William J. Johnstone and Eleanor Johnstone to Manuel G. Chavez and the undersigned, ESTHER CHAVEZ, husband and wife, as joint tenants, recorded on August 25, 1967, as File No. 45115 of the Official Records of Eureka County covering the property situated in Eureka County, State of Nevada, bounded and described as set forth in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on 12/15/2023, in the County of Riverside, State of California.

Esther Chavez

ESTHER CHAVEZ

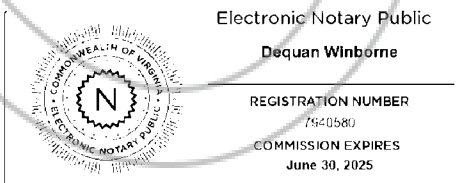
STATE OF Virginia)

COUNTY OF Henrico)

This instrument was sworn to and subscribed before me on 12/15/2023, by
Esther Chavez. This notarial act was an online notarization.

Given under my hand and seal of office this 15th day of December, 2023.

Type of ID Provided: driver's license.



[Signature]

Notary Public, State of Virginia

My commission expires: 06/30/2025

Notarized online using audio-video communication

EXHIBIT A
LEGAL DESCRIPTION

The Northeast 1/4 and the Northwest 1/4 of the Southeast 1/4 of Section 11, Township 30 North, Range 49 East, M.D.B. & M. EXCEPTING THEREFROM an easement on all boundaries thereof 30 feet in width for utility and public road purposes.

SUBJECT TO covenants, conditions, restrictions, reservations, rights, rights of way and easements of record.

SUBJECT FURTHER to reservations and conditions as set forth in deed dated January 9, 1958, executed by the Southern Pacific Company, a corporation, to Berenice Strathearn, recorded in Book 25, Page 240, under File No. 33672, Deed Records of Eureka County, Nevada, and

Reservation of 90% of all coal, oil, gas and other minerals, including the right of entry as reserved in that certain deed dated May 2, 1959, executed by Strathearn Cattle Company, a corporation, et al, to Mae Nichols, recorded May 25, 1959, in Book 25, Page 297, under File No. 34183, Deed Records of Eureka County, Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

3052012055960

CERTIFICATE OF DEATH

3201233003244

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	3. LAST (Family)	
MANUEL		G.	CHAVEZ	
AKA, ALSO KNOWN AS - include for AKA (FIRST, MIDDLE, LAST)				
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	6. SEX	7. MARRIAGE STATUS (M, S, D, W, C, U, P, T, O, A, S, O, R, L, M, N, K)
10/21/1931		80	M	MARRIED
9. BIRTH STATE, FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARRIAGE STATUS (M, S, D, W, C, U, P, T, O, A, S, O, R, L, M, N, K)	13. DATE OF DEATH mm/dd/yyyy
NM	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	03/21/2012
14. EDUCATION - Highest Level Degree (see worksheet on back)	15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE - List to 3 races (may be listed (see worksheet on back)	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, and exempt agency, etc.)
GED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	CAUCASIAN, SPANISH	TRUCK DRIVER	FREIGHT TRUCKING
19. YEARS IN OCCUPATION	20. DECEDENT'S RESIDENCE (Street and number, or local or)	21. CITY	22. COUNTY/PROVIDE	23. ZIP CODE
11	2501 ALICIA WAY	HEMET	RIVERSIDE	92545
24. FEELS IN COUNTY	25. STATE, FOREIGN COUNTRY	26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	28. NAME OF SURVIVING SPOUSE/SADP - FIRST
11	CA	ESTHER CHAVEZ, WIFE	2501 ALICIA WAY, HEMET, CA 92545	ESTHER
29. NAME OF FATHER/PARENT - FIRST	30. MIDDLE	31. LAST (BIRTH NAME)	32. BIRTH STATE	33. LAST
MANUEL	A.	VILLALOBOS	NM	CHAVEZ
34. BIRTH STATE	35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
NM	MARIA	LUISA	GABALDON	NM
39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION (Street and number, or location)	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
03/29/2012	RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518	BU	DANETTE MOORE	8828
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/yyyy	48. SIGNATURE OF LOCAL REGISTRAR
MCWANE FAMILY FUNERAL HOME	FD998	CAMERON KAISER, MD	03/27/2012	CAMERON KAISER, MD
101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
OWN RESIDENCE	<input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/ LTC <input checked="" type="checkbox"/> Skilled Care <input type="checkbox"/> Other	None	RIVERSIDE	2501 ALICIA WAY
106. CITY	107. CAUSE OF DEATH	108. DEATH REPORTED TO CORONER?	109. TIME BETWEEN DEATH AND DEATH REPORT	110. BIRTH REPORTED TO CORONER?
HEMET	IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIORESPIRATORY ARREST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HRS 2012-02540	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 107)	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	115. SIGNATURE AND TITLE OF CERTIFIER
END STAGE BLADDER CANCER	NONE	NO	Decedent Attended Since: 03/02/2012 Decedent Last Seen At: 03/20/2012	SANYASI R GANTA M.D.
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	117. LICENSE NUMBER	118. DATE mm/dd/yyyy	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	120. INJURED AT WORK?
SANYASI R GANTA M.D.	A70985	03/22/2012	MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	<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)
03/21/2012	0710			
126. SIGNATURE OF CORONER/DEPUTY CORONER	127. DATE mm/dd/yyyy	128. TYPE, NAME, TITLE OF CORONER/DEPUTY CORONER	STATE REGISTRAR	CENSUS TRACT
CAMERON KAISER, MD	03/27/2012	HEALTH OFFICER	A	[REDACTED]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.



* 001041044 *

DATE ISSUED **Mar 28, 2012**

Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

