

EUREKA COUNTY, NV

2024-253505

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ALLISON MACKENZIE LTD

KATHERINE J. BOWLING, CLERK RECORDER

APN: 005-260-29

Return Recorded Document To:

KYLE A. WINTER, ESQ.

ALLISON MacKENZIE, LTD.

P.O. Box 646

Carson City, NV 89702

Affiant's Address/Mail Tax Statements To:

SHINICHI NIMURA

1360 Weeburn Road #79C

Seal Beach, CA 90740

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a deceased person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

SHINICHI NIMURA, presently of 1360 Weeburn Road #79C, Seal Beach, California 90740, being first duly sworn, deposes and says:

1. That upon that Joint Tenancy Deed recorded on February 7, 1964, document number 1963-039571, official records of Eureka County, Nevada, KENNETH L. RADCLIFF and MUGUETTE J. RADCLIFF acquired title as "KENNETH L. RADCLIFF and MUGETTE J. RADCLIFF, husband and wife, as joint tenants," to all that parcel of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

The Southwest one quarter of the Northeast one quarter, Section 17, Township 30 North, Range 49 East, M.D.B.M., as per government survey.

(Pursuant to NRS 111.312 this legal description was previously recorded on February 7, 1964, as Document No. 1964-039571, Official Records of Eureka County, State of Nevada).

2. That KENNETH LEROY RADCLIFF is the same person as KENNETH L. RADCLIFF who died on October 3, 1999. That a certified copy of the Certificate of Death issued by the State of California for KENNETH LEROY RADCLIFF is attached hereto.

3. That title to the above-referenced real property continues to be held by KENNETH L. RADCLIFF and MUGUETTE J. RADCLIFF, husband and wife, as joint tenants.

4. That the undersigned, SHINICHI NIMURA, is the currently acting Trustee of the RADCLIFF TRUST DATED APRIL 15, 1999.

5. That this affidavit is executed pursuant to NRS 111.365.

6. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

DATED this 29th day of October, 2024.


SHINICHI NIMURA

[Notary Page Follows]

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.

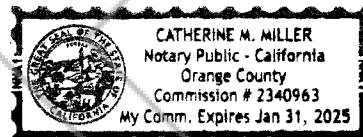
STATE OF CALIFORNIA)
 : ss
COUNTY OF ORANGE)

On Oct. 29, 2024, 2024, before me, Catherine M. Miller, Notary Public personally appeared, SHINICHI NIMURA, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Catherine M. Miller (SEAL)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

CERTIFICATE OF DEATH

3 199930 012312

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	
KENNETH		LEROY	
3. LAST (FAMILY)		RADCLIFF	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS	
09/25/1923		76	
6. SEX		7. DATE OF DEATH M/M/DD/CCYY	
M		10/03/1999	
8. HOUR		2145	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
IL		340-18-1695	
11. MILITARY SERVICE		12. MARITAL STATUS	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. USUAL EMPLOYER	
12		LOS ANGELES SCHOOL DIST.	
15. OCCUPATION		16. YEARS IN OCCUPATION	
ELECTRICIAN		47	
17. RESIDENCE—STREET AND NUMBER OR LOCATION		18. TYPE OF BUSINESS	
4880 HAZELNUT AVENUE		EDUCATION	
19. CITY		20. ZIP CODE	
SEAL BEACH		90740	
21. COUNTY		22. YRS IN COUNTY	
ORANGE		33	
23. STATE OR FOREIGN COUNTRY		24. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
CA		4880 HAZELNUT AVENUE, SEAL BEACH, CA. 90740	
25. NAME OF SURVIVING SPOUSE—FIRST		26. MIDDLE	
MUGETTE		JOSEPHINE	
27. LAST (MAIDEN NAME)		28. LAST	
MARCHEL		RADCLIFF	
29. NAME OF FATHER—FIRST		30. MIDDLE	
SYDNEY		—	
31. NAME OF MOTHER—FIRST		32. MIDDLE	
MARY		—	
33. LAST (MAIDEN)		34. BIRTH STATE	
MC CUTCHEON		MO	
35. BIRTH STATE		36. BIRTH STATE	
IL		IL	
37. DATE M/M/DD/CCYY		38. PLACE OF FINAL DISPOSITION	
10/07/1999		RES: MUGETTE RADCLIFF, 4880 HAZELNUT AVENUE, SEAL BEACH, CA. 90740	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER	
CR / RES		NOT EMBALMED	
41. NAME OF FUNERAL DIRECTOR		42. LICENSE NO. OF LOCAL REGISTRAR	
OMEGA SOCIETY		FD1280	
43. DATE M/M/DD/CCYY		44. SIGNATURE OF LOCAL REGISTRAR	
10/06/1999		[Signature]	
45. PLACE OF DEATH		46. COUNTY	
RESIDENCE		ORANGE	
47. STREET ADDRESS—STREET AND NUMBER OR LOCATION		48. CITY	
4880 HAZELNUT AVENUE		SEAL BEACH	
49. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		50. TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>URETHRAL CANCER</u>		4yrs	
DUE TO (B)		51. DEATH REPORTED TO CORONER	
DUE TO (C)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)		52. REFERRAL NUMBER	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		99-06448-A0	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE		53. BIOPSY PERFORMED	
189.3 <u>CYSTOURECTOMY 03/31/1995</u>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		55. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
DECEDENT (ENTERED FIRST) DECEDENT LAST (ENTER LAST NAME FIRST) M/M/DD/CCYY		RICHARD D. BRUMLEY, MD, 12200 BELFLOWER BLVD., DOWNEY, CA. 90242	
03/16/1999 08/30/1999		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
117. MANNER OF DEATH		118. DATE M/M/DD/CCYY	
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		119. HOUR 123. PLACE OF INJURY	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SHOULD NOT BE DETERMINED		120. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
121. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		122. SIGNATURE OF CORONER OR DEPUTY CORONER	
123. DATE M/M/DD/CCYY		124. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
125. SIGNATURE OF REGISTRAR		126. DATE M/M/DD/CCYY	
127. TYPED NAME, TITLE OF REGISTRAR		128. DATE M/M/DD/CCYY	
129. SIGNATURE OF CLERK-RECORDER		130. TYPED NAME, TITLE OF CLERK-RECORDER	
131. DATE M/M/DD/CCYY		132. TYPED NAME, TITLE OF CLERK-RECORDER	
133. SIGNATURE OF CLERK-RECORDER		134. TYPED NAME, TITLE OF CLERK-RECORDER	
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STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 005-260-29
b) _____
c) _____
d) _____

2. Type of Property:
a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ Other _____

FOR RECORDERS OPTIONAL USE ONLY

BOOK _____ PAGE _____

DATE OF RECORDING: _____

NOTES: _____

3. Total Value/Sales Price of Property: \$ _____
Deed in Lieu of Foreclosure Only (value of property) (_____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 3
b. Explain Reason for Exemption: A transfer of title recognizing the true status of ownership of the real property.

5. Partial Interest: Percentage being transferred: 100.0 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity _____ Agent

Signature _____ Capacity _____ Agent

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Kenneth L. Radcliff and Mugette J. Radcliff
Address: 1360 Weeburn Road #79C
City: Seal Beach
State: CA Zip: 90740

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Mugette J. Radcliff
Address: 1360 Weeburn Road #79C
City: Seal Beach
State: CA Zip: 90740

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Allison MacKenzie, Ltd. by Kyle A. Winter, Esq. Escrow # _____

Address: 402 N. Division Street / P.O. Box 646

City: Carson City State: NV Zip: 89702

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)