

Official Record

Recording requested By
EDNA C. LEE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 276 Page- 0673



APN 203-073-01

APN _____

APN _____

Affidavit Of Death Of Joint Tenant

Title of Document

Affirmation Statement

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NRS 40.525(5) & 111.365
(State specific law)

David Michael Lee Sr.
Signature Title

David Michael Lee Sr.
Print

2/12/13
Date

Grantees address and mail tax statement:

David Michael Lee Sr.
2905D Exeter Street
Boston, CA 92311



APN: 003-073-01

When recorded mail to:

David Michael Lee Sr.
29050 Exeter Street
Barstow, California 92311

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

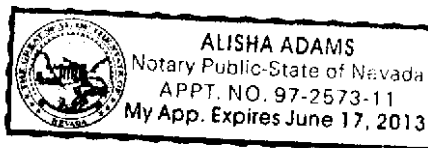
David Michael Lee Sr., hereby swears under penalty of perjury, that the following assertions are true of his own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am Davide Michael Lee Sr., the same person named as David Michael Lee Sr., one of the grantees as joint tenants named in that certain Deed recorded as Document number 113576 in Book 144 Pages 555 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The real property, which is the subject of the above-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:
All of Lot Number Twelve (12) in Block Number Seven (7) of the City of Caliente, as the same is laid out and described on the official map of the City of Caliente on record in the Office of the County Recorder of Lincoln County, Nevada.
4. Kenneth Leroy Lee, also one of the grantees named in said Deed, died on July 22, 2005, in Hesperia, San Bernardino County, California. I am David Michael Lee Sr., the brother of Kenneth Leroy Lee.

David Michael Lee Sr.
DAVID MICHAEL LEE SR.

SUBSCRIBED and SWORN to before me This 12th day of February, 2013.

Alisha Adams
NOTARY PUBLIC



COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
Kenneth		Leroy	
3. LAST (Family)		Lee	
AKA, ALSO KNOWN AS - Include all AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
06/19/1949		56	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH mm/dd/yyyy	
NV		07/22/2005	
8. HOUR (24 Hour)		9. SEX	
1509		M	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
[REDACTED]		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at Time of Death)		13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
Married		White	
14. EDUCATION - Highest Level Degree (see worksheet on back)		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
HS Grad		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		17. YEARS IN OCCUPATION	
Railroad		38	
18. DECEDENT'S RESIDENCE (Street and number or location)			
15717 E. Halinor Street			
21. CITY		22. COUNTY/PROVINCE	
Hesperia		San Bernardino	
23. ZIP CODE		24. YEARS IN COUNTY	
92345		56	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		Debra Lee Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
15717 E. Halinor Street, Hesperia, CA 92345			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
Debra		-	
30. LAST		31. BIRTH STATE	
Lee		UT	
32. NAME OF FATHER - FIRST		33. MIDDLE	
David		Leroy	
34. LAST		35. BIRTH STATE	
Lee		UT	
36. NAME OF MOTHER - FIRST		37. MIDDLE	
Edna		-	
38. LAST		39. BIRTH STATE	
Calvert		UT	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
Mt. View Memorial Park, 37067 Irwin Rd, Barstow, CA 92311		BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
Not Embalmed		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Mead Mortuary		FD 1102	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
[Signature]		07/28/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Own Home		IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Homeless <input type="checkbox"/> Nursing Home LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
San Bernardino		15717 E. Halinor Street	
106. CITY		107. CAUSE OF DEATH	
Hesperia		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 ventilator disconnection without including the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. IMMEDIATE CAUSE (Final disease or condition resulting in death)	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Cardiopulmonary Arrest	
110. DEATH REPORTED TO CORONER?		111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	
Min 05-5280 SF		Liver Failure	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		Cirrhosis Of the Liver	
NO			
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 CAUSE STATED.	
NONE		Decedent Attended Since Decedent Last Seen Alive	
115. SIGNATURE AND TITLE OF REGISTRAR		116. LICENSE NUMBER	
[Signature]		20A4986	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
07/27/2005		John Hawes, D.O., 12421 Hesperia Rd, Ste. 11 Victorville, CA 92395	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		120. INJURED AT WORK?	
MANNER OF DEATH: 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 <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
109-4		4151468	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
 COUNTY OF SAN BERNARDINO }
 DATE ISSUED: AUG 04 2005

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

[Signature]
 ERIC FRYKMAN, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

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

