



AFFIDAVIT OF SURVIVORSHIP

STATE OF CALIFORNIA)
COUNTY OF Central Costa) : ss.

I, **Marie E. Lawrence**, being first duly sworn upon our oaths depose and state as follows:

1. This Affidavit is made, executed, and recorded pursuant to Wyo. Stat. § 2-9-102.
2. I am an adult and a resident of Contra Costa County, California, and I reside at 1932 Dolphin Pl, Discovery Bay, California 94505.
3. I am the surviving mother of Jeffrey P. Kessler, who at the time of his death was a resident of Contra Costa County, California, and owned an interest in real property and improvements located in Sheridan County, Wyoming.
4. I certify that Jeffrey P. Kessler died on May 27, 2023, in Contra Costa County, California. Attached hereto is a copy of the official Death Certificate of Jeffrey P. Kessler, certified to by the public authority in which the original Death Certificate is a matter of record.
5. On September 13, 2021, Cottage Builder, LLC, a Wyoming Limited Liability Company, as Grantor, executed and delivered a Warranty Deed to Robert A. Lawrence and Marie E. Lawrence, husband and wife, as tenants by the entirety with rights of survivorship and Jeffrey P. Kessler, a single person, together as joint tenants with rights of survivorship, as Grantees. The Warranty Deed was recorded on September 13, 2021, as Document No. 2021-772374, in the Office of the Sheridan County Clerk, Sheridan County, Wyoming, and conveyed to the Grantees the following described real estate, situated in Sheridan County, State of Wyoming:

Lot 7 Creekside Cabins at the Powder Horn, a subdivision in Sheridan County, Wyoming, as filed in Drawer C as Plat Number 94 in the Office of the Sheridan County Clerk.

TOGETHER with all improvements, hereditaments, and appurtenances thereunto belonging to or appertaining thereto.

SUBJECT to all exceptions, reservations, rights-of-way, easements, covenants, restrictions, and rights of record and subject to any state of facts which would be disclosed by an accurate survey or physical inspection of the premises and subject to building and zoning regulations and city, state, and county subdivision laws.

6. The effect of the Warranty Deed referred to in Paragraph 5, above, was to create a joint tenancy with full right of survivorship in Robert A. Lawrence and Marie E. Lawrence, husband and wife, and Jeffrey P. Kessler, a single person.

7. Upon the death of Jeffrey P. Kessler, the joint tenancy in and to the property described in Paragraph 5, above, terminated, and Robert A. Lawrence and I, Marie E. Lawrence, husband and wife, became the sole owners in fee simple as tenants by the entirety with rights of survivorship of the property described in Paragraph 5, above.

DATED this 15th day of August 2023.

Marie E. Lawrence
Marie E. Lawrence

Subscribed, sworn to, and acknowledged before me on this 15th day of August 2023, by **Marie E. Lawrence.**

WITNESS my hand and official seal, *on the Attached California*
JURAT

Notary Public

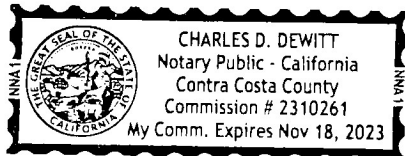
My Commission Expires: _____

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 Contra Costa

Subscribed and sworn to (or affirmed) before me on this 15th
day of AUGUST, 2023, by MARIE E. LAWRENCE

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



(Seal)

Signature

Charles D. Dewitt

Document: AFFIDAVIT OF SURVIVORSHIP
Dated: 15th day of August, 2023

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052023122038

CERTIFICATE OF DEATH

3202307003498

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JEFFREY		3. LAST (Family) KESSLER	
2. MIDDLE PAUL		4. DATE OF BIRTH mm/dd/yyyy 11/11/1972	
5. AGE Yrs. 50		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY UNK		10. SOCIAL SECURITY NUMBER 566-81-6809	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		12. MARITAL STATUS/SDOP* (at time of death) UNKNOWN	
13. EDUCATION - Highest Level/Degree (see worksheet on back) UNKNOWN		14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNKNOWN		16. YEARS IN OCCUPATION UNK	
17. USUAL RESIDENCE (Street and number, or location) 14 GARY COURT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNKNOWN	
19. CITY OAKLEY		20. COUNTY/PROVINCE CONTRA COSTA	
21. ZIP CODE 94561		22. YEARS IN COUNTY UNK	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1960 MUIR ROAD, MARTINEZ, CA 94553	
25. INFORMANT'S NAME, RELATIONSHIP JILL R SCHWINN, DEPUTY CORONER		26. NAME OF SURVIVING SPOUSE/SDOP - FIRST -	
27. MIDDLE -		28. LAST (BIRTH NAME) -	
29. NAME OF FATHER/PARENT - FIRST UNKNOWN		30. MIDDLE UNKNOWN	
31. NAME OF MOTHER/PARENT - FIRST UNKNOWN		32. MIDDLE UNKNOWN	
33. DISPOSITION DATE mm/dd/yyyy -		34. PLACE OF FINAL DISPOSITION -	
35. TYPE OF DISPOSITION(S) PENDING CORONER INVESTIGATION		36. SIGNATURE OF EMBALMER NOT EMBALMED	
37. NAME OF FUNERAL ESTABLISHMENT CONTRA COSTA COUNTY CORONER		38. LICENSE NUMBER NONE	
39. SIGNATURE OF LOCAL REGISTRAR ORI TZIELI, MD		40. DATE mm/dd/yyyy 06/05/2023	
101. PLACE OF DEATH PRIVATE RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		104. COUNTY CONTRA COSTA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1932 DOLPHIN PLAZA		106. CITY DISCOVERY BAY	
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) PENDING (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)			

2023-787194 8/18/2023 4:25 PM PAGE: 4 OF 7
FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

104110037

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

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

DATE ISSUED 06/22/2023 JB

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



ORI Tzieli MD

ORI TZIELI, MD
HEALTH OFFICER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052023122038

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202307003498

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JEFFREY	1B. MIDDLE PAUL	1C. LAST KESSLER
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 05/27/2023	4. CITY OF EVENT DISCOVERY BAY
	5. COUNTY OF EVENT CONTRA COSTA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN		
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
9	UNK	CA
11	U	N
12	UNKNOWN	DIVORCED
13	UNKNOWN	HS GRADUATE
14	U	N
15	UNKNOWN	
17	UNKNOWN	POLICE OFFICER
18	UNKNOWN	LAW ENFORCEMENT
19	UNK	26
24	UNK	43
26	JILL R SCHWINN, DEPUTY CORONER	ZACHARY KESSLER, SON
27	1960 MUIR ROAD, MARTINEZ, CA 94553	5024 WINCHESTER DR., OAKLEY, CA 94581
31	UNKNOWN	GEORGE
32	UNKNOWN	WILLIAM
33	UNKNOWN	KESSLER
34	UNK	CA
35	UNKNOWN	MARIE
36	UNKNOWN	ELAINE
37	UNKNOWN	BRACCO
38	UNK	CA
40	-	TO THE RESIDENCE OF ZACHARY KESSLER 5024 WINCHESTER DR., OAKLEY, CA 94581

11. INFO PROVIDED FROM FAMILY

REASON FOR
CORRECTIONAFFIDAVITS
AND
SIGNATURESTWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORDSTATE/LOCAL
REGISTRAR
USE ONLY

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON

CASSIE L FICHTNER

12B. PRINTED NAME

CASSIE L FICHTNER

12C. TITLE/RELATIONSHIP TO PERSON IN PART I

FUNERAL HOME STAFF LEVEL

12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)

2099 RELIEZ VALLEY RD, LAFAYETTE, CA 94549

12E. DATE SIGNED—MM/DD/CCYY

06/14/2023

13A. SIGNATURE OF SECOND PERSON

KIMBERLY ANNE MATHEWS

13B. PRINTED NAME

KIMBERLY ANNE MATHEWS

13C. TITLE/RELATIONSHIP TO PERSON IN PART I

FUNERAL HOME STAFF LEVEL

13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)

2099 RELIEZ VALLEY RD, LAFAYETTE, CA 94549

13E. DATE SIGNED—MM/DD/CCYY

06/14/2023

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

CDPH-VR

15. DATE ACCEPTED FOR REGISTRATION

06/14/2023

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTAThis is a true and exact reproduction of the document officially registered
and placed on file in the office of the Contra Costa County Department
of Health Services.

DATE ISSUED 06/22/2023

JB

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

2023-787194 8/18/2023 4:25 PM PAGE: 5 OF 7
FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

2 OF 4

CONTRACT

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052023122038
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202307003498
LOCAL REGISTRATION NUMBER

1.2

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JEFFREY	1B. MIDDLE PAUL	1C. LAST KESSLER
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 05/27/2023	4. CITY OF EVENT DISCOVERY BAY
	5. COUNTY OF EVENT CONTRA COSTA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN		
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	41	PENDING CORONER INVESTIGATION	CREMATE/RESIDENCE
	44	CONTRA COSTA COUNTY CORONER	OAKMONT MEMORIAL PARK AND MORTUARY
	45	NONE	FD875

2023-787194 8/18/2023 4:25 PM PAGE: 6 OF 7
FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

30FA

11. INFO PROVIDED FROM FAMILY

REASON FOR
CORRECTION

AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON CASSIE L FICHTNER	12B. PRINTED NAME CASSIE L FICHTNER	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 2099 RELIEZ VALLEY RD, LAFAYETTE, CA 94549	12E. DATE SIGNED—MM/DD/CCYY 06/14/2023	
	13A. SIGNATURE OF SECOND PERSON KIMBERLY ANNE MATHEWS	13B. PRINTED NAME KIMBERLY ANNE MATHEWS	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 2099 RELIEZ VALLEY RD, LAFAYETTE, CA 94549		13E. DATE SIGNED—MM/DD/CCYY 06/14/2023
	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR		
STATE/LOCAL REGISTRAR USE ONLY	15. DATE ACCEPTED FOR REGISTRATION 06/14/2023		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

1.2

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STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

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000077802

Dr. Tzivieli MD
ORI TZIVIELI, MD
HEALTH OFFICER

CACONTRAD1

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052023122038

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202307003498

LOCAL REGISTRATION NUMBER

2.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JEFFREY	1B. MIDDLE PAUL	1C. LAST KESSLER	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 05/27/2023	4. CITY OF EVENT DISCOVERY BAY	5. COUNTY OF EVENT CONTRA COSTA	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
105	1932 DOLPHIN PLAZA	1932 DOLPHIN PLACE

LIST ONE
ITEM PER
LINE

A OF A



2023-787194 8/18/2023 4:25 PM PAGE: 7 OF 7
FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

NO. 2023-787194 AFFIDAVIT OF SURVIVORSHIP

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
YONKEE & TONER P O BOX 6288
SHERIDAN WY 82801

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER WAIMUN S WONG	10. DATE SIGNED—MM/DD/CCYY 06/20/2023	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER WAIMUN S WONG, DEPUTY CORONER	
	12. ADDRESS—STREET and NUMBER 1960 MUIR ROAD, 1ST FLOOR, RM 101	13. CITY MARTINEZ	14. STATE CA	15. ZIP CODE 94553-4800

STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 06/20/2023
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Aa (REV. 1/08)

2.1

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000077803

*Dr. Tzivieli MD*ORI TZVIELI, MD
HEALTH OFFICER

CA CONTRA COSTA