

AUGUST 29, 2019

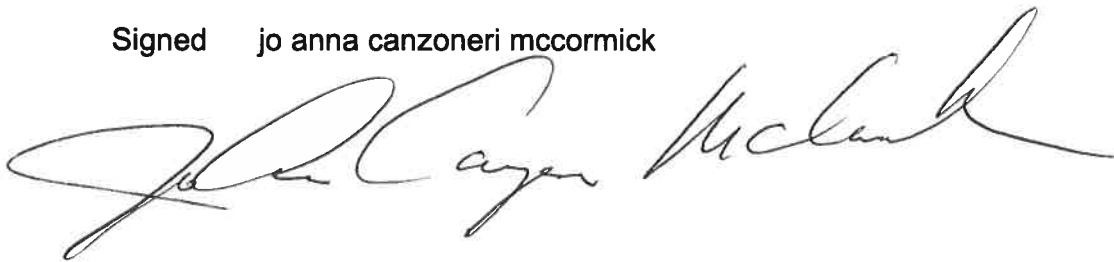
LAST WILL AND TESTAMENT

This is my (jo anna canzoneri mccormick) personal WILL and or
LAST WILL AND TESTAMENT all other will and or last will
And testament are null and void

I (jo anna canzoneri mccormick) personal will and or
Last will and testament i name my son Allen c mccormick
As executive of my (jo anna canzoneri mccormick) of my estate
Both personal property and real estate property if i should die
Allen c mccormick personally would make all decessions
In regard to all my money, personal property and real estate property
I (jo anna canzoneri mccormick) personally have three (3) children
Who are the owners (owner) heir and beneficially of my (jo anna
Canzoneri mccormick) estate if i should die are my three (3)
Children allen c mccormick, natasha dana mccormick and krystal
Kimberly jo anna mccormick which will equally share one
Third each of my (jo anna canzoneri mccormick) estate if
I should die. All my (jo anna canzoneri mccormick)
Personal property intelligible or personal and all of my
(jo anna canzoneri mccormick) real estate property
(real estate properties)
I personally want a blood heir to inhereit
I personally would like to give any outsider \$1.00 (ONE DOLLAR) each
From my (jo anna canzoneri mccormick) estate

Dated august 29, 2019

Signed jo anna canzoneri mccormick

A handwritten signature in black ink, appearing to read "Jo Anna Canzoneri McCormick". The signature is written in a cursive, flowing style with a large initial "J" and "A".

Attesting Witnesses Self-Proving Affidavit

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 3 day of September, 2019, then and there personally appeared the within-named GLORIA LUCIA RODRIGUEZ and LUIS GAMBOA, who, being duly sworn, depose and say: That they witnessed the execution of the within will of the within-named Testatrix, JOANN CANZONERI McCORMICK, that the Testatrix subscribed the will and declared the same to be his Last will and Testament in their presence; that they thereafter subscribed the same as witnesses in the presence of the Testatrix and in the presence of each other and at the request of the Testatrix; that the Testatrix at the time of the execution of the will appeared to them to be of full age and of sound mind and memory, and that they make this Affidavit at the request of the Testatrix.

[Signature]
Signature, Witness
Luis Gamboa
Print Name

[Signature]
Signature, Witness
Gloria Rodriguez
Print Name

9563 Malvasia Court
Address
LV, NV 89123
City/State/Zip

8870 hevillard rd.
Address
Las Vegas, NV 89123
City/State/Zip

SUBSCRIBED AND SWORN to before me this 3 day of September, 2019.

WITNESS my hand and official seal.
[Signature]
Notary Public
My Commission Expires: 8/2/22

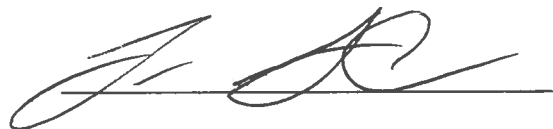


The foregoing instrument, consisting of three (3) pages, including the page signed by us as witnesses and the page signed by us as a self-proving affidavit, was, at the date hereof, by JOANN CANZONERI McCORMICK, signed as and declared to be her will, in the presence of us who, at her request and in her presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this will by JOANN CANZONERI McCORMICK, and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed. Each of us is now of age and a competent witness and resides at the address set forth after his name.

We are acquainted with JOANN CANZONERI McCORMICK. At this time, she is over the age of eighteen (18) years, and to the best of our knowledge she is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury that the foregoing is true and correct to the best of our knowledge.

EXECUTED on this 3 day of September, 2019, at Las Vegas, Nevada.



residing at

9563 Malvasia Court
Las Vegas, NV 89123



residing at

8870 Haviland rd.
Las Vegas, NV 89123

Nevada Legal Forms, Inc.

3901 W. Charleston Blvd., Las Vegas, Nevada 89102
Phone: (702) 870-8977 Ext. 305 Fax: (702) 870-0977
megan@nevadalegalforms.com
www.nevadalegalforms.com

BALANCE DUE \$ _____

SERVICE CONTRACT

Customer Name: Joanna Catherine Mc Cormick

Registrant: Megan Guidry

Address: 215 East Ave 2 E

Registrant Certificate Number:

City/State/Zip: Palmdale CA 93550

NVDP2015521597

E-Mail Address: joanna.mccormick7@gmail.com

Phone Number: 718.666.0651

Work Promised: 9/3/19 _____ a.m/p.m.

DESCRIPTION OF WORK

_____ prop 1 \$ 54

Runner Fee Service to Court/Agency: \$ _____

FEES

Family Court	County Recorder	NV Secretary of State	Misc.
<input type="checkbox"/> Filing Fee \$ _____	<input type="checkbox"/> Recording Fee \$ _____	<input type="checkbox"/> Articles \$75.00	<input type="checkbox"/> Electric Filing \$5.00
<input type="checkbox"/> Process Serve \$ _____	<input type="checkbox"/> Transfer Tax \$ _____	<input type="checkbox"/> Initial List \$150.00	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Due Diligence \$ _____	<input type="checkbox"/> Non-compliance \$ _____	<input type="checkbox"/> State Bus. License \$200.00	
<input type="checkbox"/> Publication \$ _____		<input type="checkbox"/> Annual List \$150.00	
		<input type="checkbox"/> Amendment \$ _____	
		<input type="checkbox"/> Other \$ _____	

X Customer Signature: _____ Date: _____ TOTAL PAID: \$ 54

Nevada Legal Forms, Inc. and/or its registrant/employee can correctly fulfill your request for typing. **WE CANNOT REPRESENT YOU IN A COURT OF LAW. NEVADA LEGAL FORMS, INC. IS NOT A LAW OFFICE AND MEGAN GUIDRY, THE REGISTRANT, IS NOT AN ATTORNEY AUTHORIZED TO PRACTICE IN THIS STATE AND IS PROHIBITED FROM PROVIDING LEGAL ADVICE OR LEGAL REPRESENTATION TO ANY PERSON.** You have made up your mind voluntarily to do this action yourself without the aid of legal counsel. We can type the documents you requested by using the information you have provided. If new information is provided after the commencement or completion of the requested documents which result in a need for a change or modification of those documents, we reserve the right to impose an additional charge. There will be no refunds if the new information changes the need for or the appropriateness of the requested documents. I hereby state that Nevada Legal Forms, Inc. and/or their representatives/registrant/employee have not in any way represented themselves to be an attorney. I have neither sought, nor received any legal advice from this office, and it is my intention to represent myself in this action. Nevada Legal Forms, Inc. always recommends if any action that could affect your legal rights should be reviewed by an attorney. Any communication between the customer and the Registrant is not protected from disclosure by any privilege. The Registrant has posted or filed with the Secretary of State a cash bond or surety bond, the bond value is \$50,000 with an identifying number of the bond 53BSBHW8930. The state business license issued to Nevada Legal Forms Inc. expires at the end of August of each year. The expiration of City of Las Vegas Business license expires the end of July of each year. Any Complaint concerning the Registrant may be directed to: (1) If the complaint involves any alleged violation of NRS 240A contact Nevada Secretary of State at www.nvsos.gov or 1-800-450-8594, option 6. (2) If the complaint involves an allegation that the registrant is engaged in the unauthorized practice of law contact the office of Bar Counsel of the State Bar of Nevada at www.nvbar.org or email complaints@nvbar.org or call 800-254-2797. I, the customer, agrees to this service contract with Nevada Legal Forms, Inc. and/or the Registrant named above:

X Customer Signature: [Signature] Date: 9/3/19



VR 115 (Rev. 6/87) 9-922177-375M

DOCUMENT NO. **E 353093**

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York.

DATE OF BIRTH	FEBRUARY 7, 1953	CERTIFICATE NO.	156-53-305274
BOROUGH	BROOKLYN	DATE FILED	02-09-53
		DATE ISSUED	11-16-90
NAME	JO ANN CANZONERI		
SEX	FEMALE		
MOTHER'S MAIDEN NAME	AMELIA MAZUR		
FATHER'S NAME	JOSEPH JOHN CANZONERI		

Irene A. Scanlon

IRENE A. SCANLON
CITY REGISTRAR



Do not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this certification is prohibited by Section 3.21 of the New York City Health Code.

9/3/2019 1:56 PM Sales Receipt #193269
 Store: 1
Nevada Legal Forms & Tax Services, Inc.
 3901 W Charleston Blvd
 Las Vegas, NV 89102

Bill To: Joann Canzoneri McCormick

Cashier	SD				
Description	QTY	Price	Ext	Price	
PREP-ND	1	\$54.00	\$54.00		
NOTARY	3	\$5.00	\$15.00		
		Subtotal	\$69.00		
		0% Tax	\$0.00		
Local Sales Tax			\$0.00		
RECEIPT TOTAL			\$69.00		

Debit Card \$69.00
 DEBIT
 Celebrating our 30th year!
 We want to thank you for your support!



NEVADA LEGAL FORMS & SERVICES
 3901 W CHARLESTON BLVD
 LAS VEGAS, NV 89102
 7028708977
 Cashier: Staff
 Transaction 102401

Total
 DEBIT CARD SALE \$69.00
 Station: Terminal 1
 03-Sep-2019 1:57:13P
 \$69.00 | Method: EMV
 US DEBIT XXXXXXXXXXXXX7670

JO ANN CANZONERI
 Ref #: 924600547971
 Auth #: 482127
 MID: *****9369
 AID: A0000000980840
 ATHNWKNm: MAESTRO
 RtnD:DEBIT
 PIN VERIFIED

Celebrating our 30th year! Thank you for your support
 Online: <https://clover.com/p/1DJ9RSR74AZYR>