

Requested By:
First American Title State
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-612 PG-1266 RPTT: 0.00



APN# 1318-15-311-021

Recording Requested by:
Name: First American Title Insurance Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2420719

Affidavit Death of Joint Tenant (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 440.380
(State specific law)

Signature

Recorder
Title

Nicole Peterson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



A.P.N.: 1318-15-311-021
File No: 141-2420719 (NMP)

When Recorded return to, and mail Tax Statements to:

Foff
16509 41 Ave S.E.
Bothell, WA 98012

AFFIDAVIT - TERMINATING JOINT TENANCY

Connie S. Foff, of legal age, being first duly sworn, deposes and says:

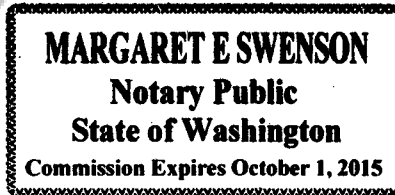
That James Coleman Foff —, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James C. Foff** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **May 16, 2000** executed by **Vernon D. Sprock and Barbara Sprock** to **Connie S. Foff and James C. Foff** as joint tenants, recorded as Document No. **0493624** on **June 7, 2000** in Book **0600, Page 1613** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 17, IN BLOCK A, AS SHOWN ON THE MAP ENTITLED ROUND HILL VILLAGE UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 24, 1965, AS DOCUMENT NO. 30185.

Connie S. Foff 5/4/2012
Connie S. Foff Date

STATE OF Washington)
~~NEVADA~~)
COUNTY OF Snohomish :SS.
~~DOUGLAS~~)

This instrument was acknowledged before me on May 4, 2012 by Connie S. Foff.



Margaret E. Swenson
Margaret E. Swenson
Notary Public in and for the State of Washington
(My commission expires: October 1, 2015)

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH SERVICES DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201109000889

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITE OUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE COLEMAN		3. LAST (Family) FOFF	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JIM - FOFF		4. DATE OF BIRTH mm/dd/yyyy 10/09/1953		5. AGE Yrs. Mths. Ds. 58	
6. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 8080		11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level (Degree) (see worksheet on back) MASTERS		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SDOP (at Time of Death) MARRIED	
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, employment agency, etc.)		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 471 KENT WAY		21. CITY ZEPHYR COVE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89448		24. YEARS IN COUNTY 12		25. STATE/FOREIGN COUNTRY NV	
26. INFORMANT'S NAME, RELATIONSHIP CONNIE FOFF, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 471 KENT WAY, ZEPHYR COVE, NV 89448			
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST CONNIE		29. MIDDLE S		30. LAST (BIRTH NAME) RAFFERTY	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE J		33. LAST FOFF	
34. BIRTH STATE PA		35. NAME OF MOTHER/PARENT - FIRST ANN		36. MIDDLE BROWN	
37. LAST (BIRTH NAME) BROWN		38. BIRTH STATE PA			
39. DISPOSITION DATE mm/dd/yyyy 11/23/2011		40. PLACE OF FINAL DISPOSITION: HOLY SEPUCHRE CEMETERY 4001 WEST CHELTENHAM AVENUE, CHELTENHAM, PA 19038			
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MC.FARLANE MORTUARY INC		45. LICENSE NUMBER FD1180		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD, MS	
47. DATE mm/dd/yyyy 11/22/2011					
101. PLACE OF DEATH HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> E/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE		106. CITY SOUTH LAKE TAHOE	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A ACUTE MYOCARDIAL INFARCTION (DUE TO B)		Time Interval Between Onset and Death (A) HOURS EM11-10354		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Subsequently, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. B CORONARY ARTERY ATHEROSCLEROSIS		YEARS (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attending Doctor Decedent's Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ERIC L HARNAGE		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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)					
126. SIGNATURE OF CORONER / DEPUTY CORONER ERIC L HARNAGE		127. DATE mm/dd/yyyy 11/18/2011		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO



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

DATE ISSUED **DEC 02 2011**

Olivia Kasirye
OLIVIA C. KASIRYE, M.D., M.S.
COUNTY HEALTH OFFICER

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

