

APN# : 1220-04-115-012

DOUGLAS COUNTY, NV **2014-849888**
Rec:\$17.00
\$17.00 Pgs=4 09/25/2014 02:27 PM
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

eTRCo, LLC

Escrow No.: 065368-ARJ

When Recorded Mail To:

Beverly Rose Gidlow

4325 Larkin Mine Road

Diamond Springs, CA

95619

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Ant Jansse
Ant Jansse

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Beverly Rose Gidlow, of legal age, being first duly sworn, deposes and says:

That David M. Gidlow, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David M. Gidlow named as one of the parties in that certain Grant, Bargain, Sale Deed dated 11/23/2009 executed by Fannie Mae A/K/A Federal National Mortgage Association Organized and Existing under the laws of the United States of America to David M. Gidlow and Beverly Rose Gidlow, husband and wife as Community Property with right of survivorship as joint tenants, recorded as instrument No. 754525, on 11/25/2009, in Book 1109, Page 5777, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 82, in Block B, as shown on the plat of KINGSLANE UNIT NO. 3-B, filed for record in the office of the County Recorder of Douglas County, Nevada on October 26, 1977, in Book 1077, Page 1588, as File No. 14385.

Dated August 13, 2014

Beverly Rose Gidlow
Beverly Rose Gidlow, Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF _____

This instrument was acknowledged before me on

by Beverly Rose Gidlow

See attached

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of El Dorado

On 8/13/14 before me, J. Moore, Notary Public

personally appeared Beverly R. Giddens

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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: [Signature] Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit Death of Joint Tenant

Document Date: Aug 13, 2014 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: Signer's Name:

- Corporate Officer - Title(s)
Individual
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other

Signer Is Representing: Signer Is Representing:

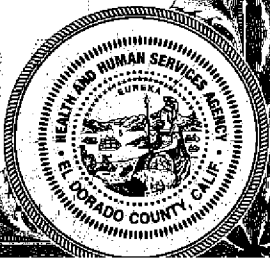
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201409000223

1. NAME OF DECEDENT - FIRST (Given) DAVID		2. MIDDLE MICHAEL		3. LAST (Family) GIDLOW	
4. DATE OF BIRTH mm/dd/yyyy 03/27/1949					
5. AGE Yrs. 64		6. SEX M		7. HOURS (24 Hours) 0515	
9. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER 6541		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (as time of death) MARRIED		13. DATE OF DEATH mm/dd/yyyy 02/28/2014		14. HOUR (24 Hours) 0515	
15. EDUCATION - Highest Level Degree (See instructions on back) BACHELOR					
16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17. DECEDENT'S RACE - Up to 8 races may be listed (see worksheet on back) WHITE					
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NUCLEAR TECHNOLOGIST				19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICINE	
20. YEARS IN OCCUPATION 45					
21. DECEDENT'S RESIDENCE (Street and number, or location) 4325 LARKIN MINE ROAD					
22. CITY DIAMOND SPRINGS		23. COUNTY/PREFECTURE EL DORADO		24. ZIP CODE 95619	
25. STATE/PROVINCE CA		26. ZIP CODE 17		27. STATE/FOREIGN COUNTRY CA	
28. INFORMANT'S NAME, RELATIONSHIP BEVERLY ROSE GIDLOW, WIFE				29. INFORMANT'S MAILING ADDRESS (Street and number, or post code number, city or town, state and zip) 4325 LARKIN MINE ROAD, DIAMOND SPRINGS, CA 95619	
30. NAME OF SURVIVING SPOUSE/SPOUSE - FIRST BEVERLY		31. MIDDLE ANN		32. LAST (BIRTH NAME) ROSE	
33. NAME OF FATHER/PARENT - FIRST JOHN		34. MIDDLE ROBERT		35. LAST GIDLOW	
36. NAME OF MOTHER/PARENT - FIRST MARY		37. MIDDLE IDA		38. LAST (BIRTH NAME) MCCULLOCH	
39. PLACE OF BIRTH INDIA		40. DATE OF BIRTH mm/dd/yyyy 03/05/2014			
41. TYPE OF DEPOSITION (a) CR/RES					
42. SIGNATURE OF SPONSOR NOT EMBALMED					
43. LICENSE NUMBER FD1656					
44. NAME OF FUNERAL HOME/CREMATOR FOOTHILL CREMATION & BURIAL SERVICE					
45. SIGNATURE OF LOCAL REGISTRAR ALICIA PARIS POMBO, MSC MD					
46. DATE mm/dd/yyyy 03/05/2014					
47. PLACE OF DEATH OWN RESIDENCE - HOSPICE					
48. COUNTY EL DORADO					
49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4325 LARKIN MINE ROAD					
50. CITY DIAMOND SPRINGS					
51. CAUSE OF DEATH MEDULLARY THYROID CANCER					
52. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
53. YEARS YRS.					
54. SIGNIFY PERFORMANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
55. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
56. USED IN RETURNED CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date) NO					
59. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
60. SIGNATURE AND TITLE OF DECEASED FRANK T. HSIEH M.D.		61. LICENSE NUMBER G85688		62. DATE mm/dd/yyyy 03/05/2014	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE FRANK T. HSIEH M.D.		64. TYPE OF DEATH 12/06/2010 11/21/2013 1600 EUREKA ROAD, ROSEVILLE, CA 95661			
65. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Stroke <input type="checkbox"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined					
66. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
67. INJURY DATE mm/dd/yyyy					
68. HOUR (24 Hours)					
69. PLACE OF INJURY (e.g., home, construction site, reported area, etc.)					
70. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
71. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
72. SIGNATURE OF CORONER / DEPUTY CORONER					
73. DATE mm/dd/yyyy					
74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					



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

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 and Human Services Agency.

MAR 14 2014

DATE ISSUED



Alicia Paris Pombo MD, MSc
 ALICIA PARIS-POMBO MD, MSc
 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.
 FPC00 (Rev) 12/13