

Document Transfer Tax \$0
Assessor's Parcel No. 1418-34-211-044

**WHEN RECORDED AND
MAIL TAX STATEMENTS TO:**

✓ Billie C. Cotton
P.O. Box 10018
Zephyr Cove, NV 89448



00008894201508576400030036

KAREN ELLISON, RECORDER

AFFIDAVIT--DEATH OF JOINT TENANT

BILLIE C. COTTON, of legal age, being first duly sworn, deposes and says:

That JACK COURTNEY COTTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain Joint Tenancy Deed dated September 15, 1977, executed by ARTHUR HARRY LEIGHTON and LULA CLAY LEIGHTON, husband and wife, to JACK C. COTTON and BILLIE C. COTTON, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, recorded on October 14, 1977, as Instrument Number 14029 at Book 1077 Page 865, of Official Records of Douglas County, Nevada, covering the described property situated in the County of Douglas, State of Nevada as follows:

Lot 69, as shown on the map of LAKERIDGE ESTATES NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 13, 1957.

Billie C. Cotton

BILLIE C. COTTON

JURAT

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 EL DORADO

Subscribed and sworn to (or affirmed) before me on this 4th day of February 2015, by BILLIE C. COTTON, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Joann Tillson (Seal)



Assessor's Parcel No. 1418-34-211-044

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201409000637

1. NAME OF DECEDENT - FIRST (Given) JACK		2. MIDDLE COURTNEY		3. LAST (Family) COTTON	
4. DATE OF BIRTH mm/dd/yyyy 05/18/1919		5. AGE Yrs. 95		6. UNDER ONE YEAR Months 0 Days 0 Hours 0 Minutes 0	
7. DATE OF DEATH mm/dd/yyyy 07/10/2014		8. HOUR (24 Hours) 1430		9. SEX M	
10. SOCIAL SECURITY NUMBER 5544		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDPP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DEVELOPER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESIDENTIAL CONSTRUCTION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 209 SUGAR PINE CIRCLE					
21. CITY ZEPHYR COVE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89448	
24. YEARS IN COUNTY 27		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP BILLIE COTTON, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 10018, ZEPHYR COVE, NV 89448		
28. NAME OF SURVIVING SPOUSE/SDPP - FIRST BILLIE		29. MIDDLE LOU		30. LAST (BIRTH NAME) CROUCH	
31. NAME OF FATHER/PARENT - FIRST CLAIR		32. MIDDLE -		33. LAST COTTON	
34. BIRTH STATE CO		35. NAME OF MOTHER/PARENT - FIRST IRENE		36. MIDDLE -	
37. LAST (BIRTH NAME) LUNDBURG		38. BIRTH STATE CO			
39. DISPOSITION DATE mm/dd/yyyy 07/16/2014		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF SAN FRANCISCO COUNTY			
41. TYPE OF DISPOSITIONS CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1909		46. SIGNATURE OF LOCAL REGISTRAR ALICIA PARIS POMBO, MSC MD	
47. DATE mm/dd/yyyy 07/16/2014					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> A		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <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 SO LAKE TAHOE	
107. CAUSE OF DEATH CARDIO-PULMONARY FAILURE		108. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. LEATH REFERRED TO COCHER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ADVANCED DEMENTIA					
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 Attended Since <input type="checkbox"/> (a) <input type="checkbox"/> (b) 07/03/2014 07/10/2014		115. SIGNATURE AND TITLE OF CERTIFIER SENTHILRAJ NADARAJAH M.D.		116. LICENSE NUMBER C53084	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SENTHILRAJ NADARAJAH M.D.		118. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
119. CERTIFY THAT IN MY OPINION (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED) MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURY DATE mm/dd/yyyy		121. INJURY HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A R C D E * 010001002687578 * FAX AUTH# CENSUS TRACT

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.



DATE ISSUED **JUL 18 2014**

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

