

APN# 1220-20-001-038

**Recording Requested by:**

**Name:** First American Title Insurance Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2492522

Affidavit- Death of Trustee

(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:

239-030  
(State specific law)

Suzanne Cheechov Escrow officer  
Signature Title

Suzanne Cheechov  
Print Signature

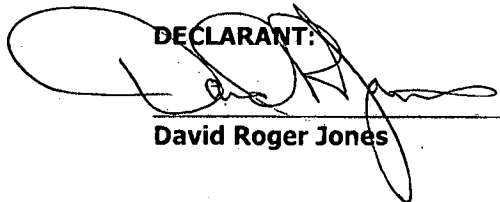
This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: October 10, 2015

**DECLARANT:**  
  
\_\_\_\_\_  
**David Roger Jones**

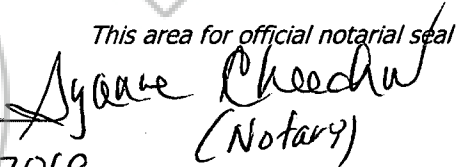
State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 21st day of Oct, 20 15 by DAVID ROGER JONES, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature 

  
(Notary)

My Commission Expires: 5/12/2019

Notary Name: Suzanne Cheechov Notary Phone: 775-782 5411

Notary Registration Number: 99,364685 County of Principal Place of Business DOUGLAS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014000944

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Main form containing fields for deceased name (Camron Carrol JONES), date of death (January 13, 2014), county (Washoe), city (Reno), hospital (Renown Regional Medical Center), race (White), age (66), date of birth (September 25, 1947), parents (Clarence YOCUN, Georgia LYNCH), informant (Dave JONES), burial (Cremation), funeral director (CURT KOESTLER), certifier (TANYA PHARES DO), registrar (BRIDGES SANDI), and cause of death (Acute respiratory failure, Acute respiratory distress syndrome, H1N1 influenza, Atrial fibrillation, pneumonia, acute renal failure, diabetes).

STATE REGISTRAR



VRS-Rev-20120523a

518078

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: FEB 25 2014

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Signature of Registrar: R. Whitman

STATE REGISTRAR

