DOUGLAS COUNTY, NV

2015-871930

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\$17.00 Pgs=4

10/29/2015 09:33 AM

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

APN# <u>1220-20-</u>	001-038
Recording Requested	
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:
	d hereby affirm that the attached document, including any exhibits, hereby submitted contain the social security number of any person or persons. (Per NRS 239B.030)
for recording does not	contain the social security number of any person of persons. (Fer 1985 2595.050)
	-OR-
/	-OA-
I the undersione	d hereby affirm that the attached document, including any exhibits, hereby submitted
for recording does cor	tain the social security number of a person or persons as required by
law:	39 - 030
1awE	(State specific law)
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Dhan	e Milahw Encrow officer
Signature	e Chechal Escrew Officer whe Chechor
	06001
Suza	ONE CHERCHON
Print Signature	
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This page added to pro	ovide additional information required by NRS 111.312 Sections 1-2
and NRS 239B.030 Se	

(Additional recording fee applies)

RECORDING REQUESTED BY First American Title Insurance Company of Nevada AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO: David Roger Jones Space Above This Line for Recorder's Use Only

A.P.N. 1220-20-001-038

Affidavit - Death of Trustee

File No.: 143-2492522 (SC)

State of Nevada)
)ss.
County of Douglas)

David Roger Jones ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Carmon Carrol Jones ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on January 13, 2014 at Washoe Nevada (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated November 28, 2012 executed by David Roger Jones and Carmon Carrol Jones as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Baargain and Sale Deed dated December 28, 2012 which was recorded as Instrument No. 0813560 in Book 1112, Page 7422, of Official Records of Douglas County, Nevada as legally described as follows:

LOT 10, IN BLOCK B, AS SHOWN ON THE MAP OF MARRON ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 9, 1980, IN BOOK 980, PAGE 682, AS DOCUMENT NO. 48330 OF OFFICIAL RECORDS.

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 Doublar ___ and State

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of

basis of satisfactory evidence to be the person(s) who appeared before me.. WIFNESS my hand and official seal. This area for official notarial seal Signature_

, personally know to me or proved to me on the

day of _

ROGER JONES

Cheech SUZONNE Notary Phone: Notary Name:_ County of Principal Place of Business boublac Notary Registration Number:



My Commission Expires:

4.

CERTIFICATION OF VITAL RECORD DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CERTIFICATE OF DEATH

VITAL STATISTICS

TYPE OR			ST.	ATE FILE NUMBER		
PRINT IN	1a. DECEASED NAME (FIRST, MIDDLE, L'AST, SUFFIX)		2. DATE OF DEATH (Mo/Day/Yes	ar) 3a COUNTY OF DEATH		
PERMANENT BLACK INK	Carmon Carrol JONES		January 13, 2014	Washoe		
**************************************	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER	The second second second second	e street (13e.it Hosp, or Inst. indic	ate DOA,QP/Emer, Rm. 4, SEX		
DECEDENT		Regional Medical Center ::: 7 Specify ::: [78. AGE-Last ::::		Care Unit (ICU) Female		
	(Specify) No - Non-Hispa	nic birthday (Years)	MOS DAYS HOURS	1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) MINS		
(F DEATH	9a. STATE OF BIRTH (If not U.S.A	Y 10 EDUCATION 11. MARRIED, N	EVER MARRIED WIDOWED 1	September 25, 1947 12. SURVIVING SPOUSE (if wife, give		
OCCURRED IN	name country) Arkansas United States	DIVORCED (Spe	cify) Married	naiden name) David JONES		
SÉE HANDBOOK	13: SOCIAL SECURITY NUMBER	Kind of Work Done During Most	14b. KIND OF BUSINESS OR	INDUSTRY Ever in US Armed		
COMPLETION OF	1889 of Working Life, Even If Retired)	President	Corporation			
ITEMS	1		STREET AND NUMBER	15e. INSIDE CITY: LIMITS (Specify Yes		
** ****	Nevada Douglas 58 FATHER/PARENT - NAME (First Middle Last Suffix)		Rubio Way	or No) Yes		
PARENTS	Clarence YOCUN	The second of the second of	ARENT - NAME (First Middle L	796		
w v <u>w</u> .a	Clarence YOCUN Georgia LYNCH 18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS—(Street or R.F.D. No; City or Town, State, Zip)					
	Dave JONES		io Way Gardnerville, Neva			
I COOCITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETER	Y, OR CREMATORY - NAME SOM	19c. LOCA	TION City or Town State		
ISPOSITION	Cremation	Walton's Sierra Cremato		Carson City Nevada 89706		
Ť 2	CORT KOESTLER	20b. FUNERAL	ME AND ADDRESS OF FACILITY	and Cromotions		
	SIGNATURE AUTHENTICATED	823	Walton's Funeral	ardnerville NV 789410		
RADE CALL	FRADE CALL - NAME AND ADDRESS		FERNON M	47 207 000 400 400		
20 A	21a. To the best of my knowledge, death occurred at the time, date a		a basis of sysmination and/or issue.	etication in an existent death and and		
	TANYA PHARES DO	INDEPENDENT OF THE TIME AND THE	ate and place and due to the cause	e(s) stated. (Signature & Title)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 17 21c. HOUR OF DEATH	11 2 2 220, DAIL	SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH		
***************************************	3 ¥	<u> </u>	(
ĺ	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIF	ER 22d PRO	NOUNCED DEAD (Mo/Day/Yr)	22e, PRONOUNCED DEAD AT (Hour)		
	3a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PH	YSICIAN, MEDICAL EXAMINER, OR	CORONER) (Type or Print)	23b. LICENSE NUMBER		
X X	1680 1680					
REGISTRAR						
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE	OB(0) (b) AND (c)		YES X NO		
DEATH	PART (a) Acute respiratory failure	OK (a) (b) AND (c)	E 2 /4/ //	interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:	No.1		Interval between onset and death.		
CONDITIONS IF	Acute respiratory distress syndrome		AC 17 , 1	www		
SAVE RISE TO	DUE TO, OR AS A CONSEQUENCE OF	33/1		Interval between onset and death		
CAUSE ->	(c) H1N1 influenza	On The State of th	/ 4 / E			
UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death		
	DARTH OTHER SIGNIFICANT CONDITIONS-Conditions contribution to	eath but not resulting in the underlying	cause gives in Part 1	21.47 27 27 27 AUTO004		
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specify Yes or No.) Atrial fibrillation, pneumonia, acute renal failure, diabetes 284 ACC, SUICIDE, HOM, UNDET: 1286 DATE OF INJURY (MODBWYY) 286 DESCRIBE HOW INJURY OCCURRED					
	OR PENDING INVEST. (Specify)		The state of the s			
	(8e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, (so or No)	treet, factory, office 28g. LOCATIO	N STREET OR R.F.D. No.	CITY OR TOWN STATE		
	conding sie (openly)					
752		STATE REGISTRAR	nin a			
4			**************************************	Military of the Control of the Contr		
*			e e e e e e e e e e e e e e e e e e e			



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CERTIFIED CORY 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.

FEB 25 2014

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



STATE REGISTRAR