

APN# 1220-22-310-165



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Gary Jones

Address: 1440 Patricia Dr.

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Same

Address: _____

City/State/Zip: _____

Affidavit of Death

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Aretta J Koch
Signature

Aretta J. Koch
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, GARY LEE JONES, residing at 1440 PATRICIA DR, GARDNERVILLE, Nevada 89460, being of legal age, depose and say that:

That GAIL B JONES, 1440 PATRICIA DR, GARDNERVILLE, Nevada 89460 died on September 24, 2016 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

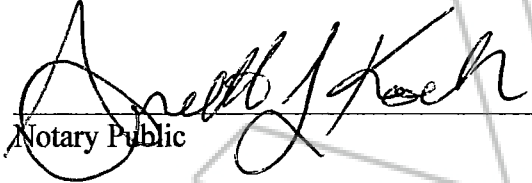
I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Gary Jones
Gary Jones October 12, 2016

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 12 day of October,
2016 by GARY LEE JONES, who, being first duly sworn on oath according to law, deposes
and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters
stated herein are true to the best of his/her information, knowledge and belief.




Notary Public

Notary
Title (and Rank)

My commission expires July 5, 2017

JOINT TENANCY DEED

THIS INDENTURE WITNESSETH: That

DANIEL DELLA CIOPPA and CARMINA DELLA CIOPPA, TRUSTEES of THE DELIACIOPPA FAMILY 1992 TRUST dated October 6, 1992.

in consideration of the sum of TEN DOLLARS (\$10.00) lawful money of the United States, and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to

GARY JONES and GAIL JONES, husband and wife, as joint tenants with right of survivorship, and not as tenants in common,

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of DOUGLAS, State of Nevada, bounded and described as follows:

Lot 773, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Assessment Parcel No. 29-352-02. 1220-22-310-165 X

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness our hands this 22nd day of June, 1993.

Daniel Della Cioppa, Trustee
DANIEL DELLA CIOPPA, TRUSTEE

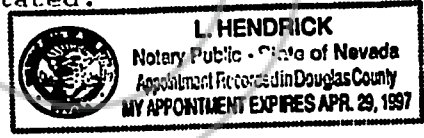
Carmina Della Cioppa, Trustee
CARMINA DELLA CIOPPA, TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) :SS

On June 22, 1993, personally appeared before me, a Notary Public, Daniel Della Cioppa, Trustee and Carmina Della Cioppa, Trustee

personally known or proved to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the same for the purposes therein stated.

L. Hendrick
Notary Public



WHEN RECORDED MAIL TO:
GARY JONES
1440 Patricia Drive
Gardnerville, NV 89410

The Grantor(s) declare(s):
Document Transfer Tax is \$208.00
(X) computed on full value of property conveyed

MAIL TAX STATEMENTS TO:
as shown above

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

93 JUN 28 09:18

SUZANNE BEAUDREAU
RECORDER
PAID 5.00 DEPUTY

310942
BK0693P66103

STATE OF NEVADA CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 3917118

CERTIFICATE OF DEATH

2016017612
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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gail B JONES		2. DATE OF DEATH (Mo/Day/Year) September 24, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Carson Tahoe Regional Medical Center Inpatient(Specify) Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) June 29, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 7		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gary JONES	
13. SOCIAL SECURITY NUMBER -3200		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Dietitian		14b. KIND OF BUSINESS OR INDUSTRY School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1440 Patricia Dr	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence SISLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith WAGNER		
18a. INFORMANT- NAME (Type or Print) Aretta KOCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1505 Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROY H SEXTON SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) September 29, 2016		21c. HOUR OF DEATH 01:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 14938	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 29, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Failure To Thrive Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Renal Cell Carcinoma Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Parkinson Disease; Chronic Kidney Disease, Stage III; Unknown Etiology				28. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

VRS-Rev-20120523a



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: **9/30/2016**

Cody D. Hines
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

