

16-
RECORDING REQUESTED BY &
WHEN RECORDED MAIL TO:

R. Grace Jameson
235 Wildberry Dr.
Brentwood, CA 94513



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Roberta A. Jameson, trustee
235 Wildberry Dr.
Brentwood, CA 94513

Assessor's Parcel No. 1320-30-112-009

AFFIDAVIT - DEATH OF JOINT TENANT

R. Grace Jameson of legal age, being first duly sworn, deposes and says:

Thomas Lloyd Jameson is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated November 5, 2002, executed by James M. Antti and Susan E. Antti to Thomas L. Jameson R. Grace Jameson as **joint tenants**, recorded on December 2, 2002, as Instrument No. 0559560, at Book 1202, Page 00674, Official Records of Douglas County, Nevada, describing the following real property:

Real property situated in the County of Douglas, State of Nevada, described as follows:

Unit 9 as set forth on the Final Map of WEST WOOD PARK NO. III, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 29, 1989 in Book 1189, in Page 3658, as Document No. 215633.


TOGETHER WITH an undivided 1/18th interest in and to the Common Area lying within the interior lines as set forth on Final Map of WEST WOOD PARK NO. II, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada on November 29, 1989 in Book 1189, in Page 3658, as Document No.215633.

Together with all tenements, hereditaments and appurtenances, including

easements, and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Commonly known as 1779 Heather Circle, Minden, Nevada

Dated: November 15, 2016


R. Grace Jameson

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

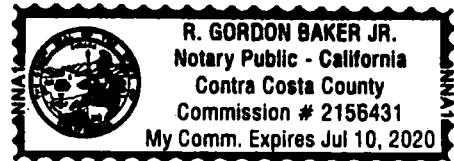
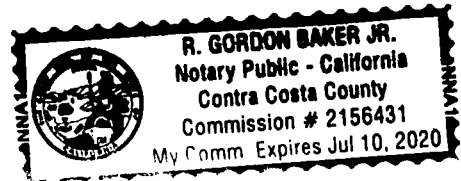
State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 15th, day of November, 2016, by R. Grace Jameson, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature: 
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052016196210

CERTIFICATE OF DEATH

3201607005653

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-1 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) THOMAS		2. MIDDLE LLOYD		3. LAST (Family) JAMESON	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 04/10/1923		5. AGE Yrs. 93		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 10/04/2016		8. HOUR (24 Hours) 1040		9. UNDER ONE YEAR Months Days	
10. BIRTH STATE/FOREIGN COUNTRY MI		11. SOCIAL SECURITY NUMBER 1206		12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MECHANICAL ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CHEMICAL		19. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 450 JOHN MUIR PARKWAY					
21. CITY BRENTWOOD		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94513	
24. YEARS IN COUNTY 0		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JAMES JAMESON, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 47 BAYLOR LANE, PLEASANT HILL, CA 94523		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST ROBERTA		29. MIDDLE GRACE		30. LAST (BIRTH NAME) BOWES	
31. NAME OF FATHER/PARENT - FIRST HAROLD		32. MIDDLE CLAIRE		33. LAST JAMESON	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT - FIRST ANNA		36. MIDDLE MARGARET	
37. LAST (BIRTH NAME) GRAY		38. BIRTH STATE UNKNOWN			
39. DISPOSITION DATE mm/dd/yyyy 10/07/2016		40. PLACE OF FINAL DISPOSITION MERIDIAN LINE CEMETERY 2470 LEINO ROAD, JOHANNESBERG, MI 49751			
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD1354		46. SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.	
47. DATE mm/dd/yyyy 10/07/2016					
101. PLACE OF DEATH SUTTER DELTA MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DQA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3901 LONE TREE WAY		106. CITY ANTIOCH	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ASPIRATION PNEUMONIA					
108. DEATH REPORTED TO CORONER? Oral and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. EXPOSURE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. AUTOPTSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ALZHEIMER'S DEMENTIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy 10/04/2016 10/04/2016		115. SIGNATURE AND TITLE OF CERTIFIER BRIAN REYES M.D.		116. LICENSE NUMBER A73587	
117. DATE mm/dd/yyyy 10/07/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRIAN REYES M.D. 100 CORTONA WAY STE 140, BRENTWOOD, CA 94513			
119. I 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001003364380*			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 10/12/2016

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



001182803

William Walker MD
WILLIAM WALKER, MD
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CA CONTRA 01