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KAREN ELLISON, RECORDER

APN: 1320-29-115-019

RECORDING REQUESTED BY:
Nancy Rey Jackson Ltd.
1591 Mono Avenue
Minden, NV 89423

GRANTEE'S ADDRESS IS &
MAIL TAX STATEMENTS TO:
Ann L. Prescott
1768 Iris Court
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording contains the social security number of a person or persons as required by law. (State specific law):

- NRS. 111.365 Recording affidavit of death of joint tenant or spouse holding community property with right of survivorship creates disputable presumption title vested in survivor; and NRS 40.525(5) Death certificate attached to affidavit**
- NRS 440.090 Requisites of certificates**
- NRS 440.380(1)(a) Medical certificate of death: Signature; contents**

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

ANN L. PRESCOTT, of legal age, being duly sworn, deposes and says:

1. That EARLE C. PRESCOTT, the decedent mentioned in the attached death certificate was, until his death on December 3, 2013, and is the same person named as one of the grantees, EARLE C. PRESCOTT and ANN L. PRESCOTT, husband and wife as joint tenants with right of survivorship, in that Corporation Grant Deed recorded on June 17, 1996, in Book 0696 at Page 2661 as Document No. 390097 of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1320-29-115-019, concerning the real property located at 1768 Iris Court, Minden, Nevada, specifically described as follows:

Lot 253, as set forth on the Official Plat of WINHAVEN, UNIT NO. 4, PHASE A, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 19, 1993, as Document No. 315526.

2. That affiant is the surviving spouse EARLE C. PRESCOTT.

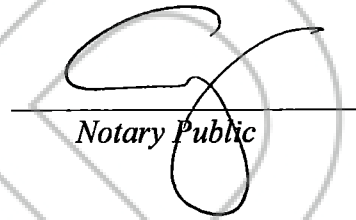
3. This affidavit is executed and recorded for the purposes of terminating the interest of EARLE C. PRESCOTT in and to the real property described herein.

Dated this 30th day of November, 2016.


ANN L. PRESCOTT

SUBSCRIBED and SWORN TO before me, a Notary Public, by ANN L. PRESCOTT, on this 30th day of November, 2016.




Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014020626

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

Form containing fields for: 1a. DECEASED-NAME, 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm., 4. SEX, 5. RACE, 6. Hispanic Origin, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

STATE REGISTRAR

557216

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.

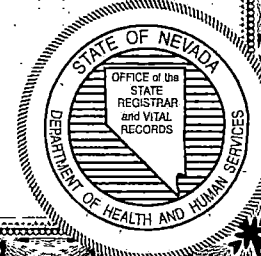
DATE ISSUED:

12/18/2014

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE