

APN# : 1320-31-511-005

085524-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

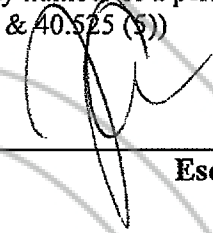
Jonathan Earl Carlos

5729 Juarez Road

Pollock Pines, CA 95726

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. (Per NRS 440.380 (1)(5) & 40.525 (\$))

Signature _____



Traci Adams

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT


Jonathan Earl Carlos, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Richard Carlos, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Carlos named as one of the parties in that certain Quitclaim Deed dated 9/27/2011 executed by Richard Carlos and Kathleen A. Carlos, husband and wife as joint tenants to Richard & Kathleen Carlos, Trustees of the Richard Carlos and Kathleen Anne Carlos Revocable Trust dated 2/23/01 as joint tenants, recorded as instrument No. 0790272, on 9/28/2011, in Book0911, Page 5294, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 3 in Block C of MACKLAND SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada Recorded on December 4, 1980, Book 1280, Page 475, Document No. 51372, and by Certificate of Amendment recorded November 7, 1984, Book 1184, Page 510, Document No. 109722, both instruments of Official Records of Douglas County, Nevada.

Dated 2/7/17

The Richard Carlos and Kathleen Anne Carlos Revocable Trust
dated February 23, 2001



Jonathan Earl Carlos, Successor Trustee

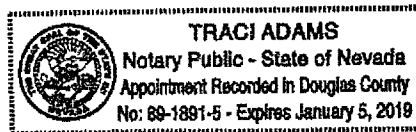
STATE OF NEVADA } SS
COUNTY OF Douglas

This instrument was acknowledged before me on

2/7/17

by Jonathan Earl Carlos.


Notary Public



CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3885675

CERTIFICATE OF DEATH

2016005829
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

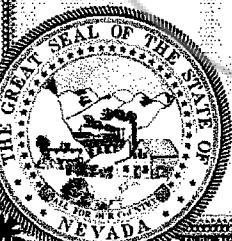
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard CARLOS		2. DATE OF DEATH (Mo/Day/Year) March 25, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and No. - Non-Hispanic) 1669 Mackland Ave		3e. If Hosp. or inst. indicate DOA, OPEmer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 69		8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1946	
5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathleen SMOAK			
13. SOCIAL SECURITY NUMBER 0582		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1669 Mackland Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank CARLOS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma MARTIN		
18a. INFORMANT - NAME (Type or Print) Kathleen CARLOS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1669 Mackland Ave. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89708	
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) MARK T BRUNE M.D. 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) April 01, 2016		21c. HOUR OF DEATH 01:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark T Brune M.D. 925 Ironwood Drive #2102 Minden, NV 89423			
23b. LICENSE NUMBER 7134		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 01, 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) Multiple Organ Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Metastatic Bladder Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
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. Diabetes Type 2, Chronic Kidney Disease, Coronary Artery Disease					
26. ACC., SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED	
26g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
26h. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



622159

CERTIFIED COPY OF VITAL RECORDS

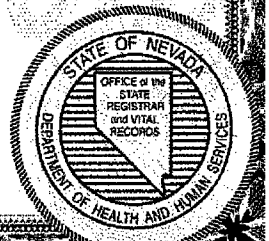
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/4/2016

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

Cody K. King
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a