

DOUGLAS COUNTY, NV

2017-894896

Rec:\$16.00

\$16.00 Pgs=3

02/17/2017 09:27 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

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 (5))

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 Kathleen Anne Carlos, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kathleen Anne 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 Book 0911, 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

[Signature]
Jonathan Earl Carlos, Successor Trustee

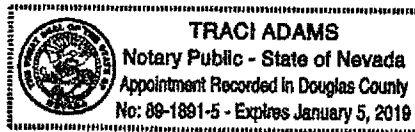
STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on

2/7/17

by Jonathan Earl Carlos.

[Signature]
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
PLACERVILLE, CALIFORNIA

3052016129809

CERTIFICATE OF DEATH

3201609000617

STATE FILE NUMBER 3052016129809		LOCAL REGISTRATION NUMBER 3201609000617	
1. NAME OF DECEDENT - FIRST (Given) KATHLEEN		2. MIDDLE ANNE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		3. LAST (Family) CARLOS	
4. DATE OF BIRTH mm/dd/yyyy 12/12/1946		5. AGE Yrs 69	
6. US BIRTH OR YEAR Months Days		7. UNDECEASED 24 HOURS Hours Minutes	
8. SEX F		9. BIRTH STATE/FOREIGN COUNTRY CA	
10. SOCIAL SECURITY NUMBER ■■■■-■■■-2031		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GRDP (at Time of Death) WIDOWED		13. DATE OF DEATH mm/dd/yyyy 06/27/2016	
14. HOURS (24 Hour) 1010 FND		15. EDUCATION - Highest Level Degree HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEASED RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. DECEASED HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. DECEASED OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COLLECTION MANAGER		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING	
20. DECEASED RESIDENCE (Street and number, or location) 1669 MACKLAND AVENUE		21. YEARS IN OCCUPATION 25	
22. CITY MINDEN		23. COUNTY/PROVINCE DOUGLAS	
24. ZIP CODE 89423		25. YEARS IN COUNTY 15	
26. STATE/FOREIGN COUNTRY NV		27. INFORMANT'S NAME, RELATIONSHIP JONATHAN CARLOS, SON	
28. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip) 5729 JUAREZ ROAD, POLLOCK PINES, CA 95726		29. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
30. MIDDLE -		31. LAST (BIRTH NAME) -	
32. NAME OF FATHER/PARENT - FIRST BARNEY		33. MIDDLE EARL	
34. LAST SMOAK		35. BIRTH STATE GA	
36. NAME OF MOTHER/PARENT - FIRST MABLE		37. MIDDLE ELAINE	
38. LAST (BIRTH NAME) AGUAR		39. BIRTH STATE CA	
40. DISPOSITION DATE mm/dd/yyyy 07/05/2016		41. PLACE OF FINAL DISPOSITION RES OF SON JONATHON CARLOS 5729 JUAREZ ROAD, POLLOCK PINES, CA 95726	
42. TYPE OF DISPOSITION CR/RES		43. SIGNATURE OF EMBALMER NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY		45. LICENSE NUMBER FD1551	
46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH		47. DATE mm/dd/yyyy 07/01/2016	
101. PLACE OF DEATH SON'S RESIDENCE		102. HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> CIVIC <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
103. COUNTY EL DORADO		104. CITY POLLOCK PINES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5729 JUAREZ ROAD		106. CITY POLLOCK PINES	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or multiple lacerations without giving the etiology. DO NOT ABBREVIATE. CORONARY ARTERY ATHEROSCLEROSIS		108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (B) YRS EM16-5657	
109. BIOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY I07 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 107? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 LISTED. Decedent Attended Since (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER JAMES MORGAN	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED.		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)		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 JAMES MORGAN		127. DATE mm/dd/yyyy 06/30/2016	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JAMES MORGAN, DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH./	
CENSUS TRACT		010001003283169	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED **JUL 06 2016**

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



000174655

Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

