

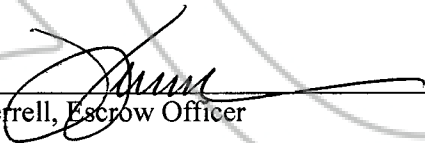
APN: 1420-35-411-016

DOUGLAS COUNTY, NV **2017-895071**
Rec:\$19.00
\$19.00 Pgs=6 **02/23/2017 12:28 PM**
FIRST AMERICAN TITLE CARSON
KAREN ELLISON, RECORDER

AFFIDAVIT – DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State Specific law: NRS 440.380



Jodi Ferrell, Escrow Officer

When Recorded Mail To:
Terri Jimenez
1500 Meadow Drive
Ukiah, CA 95482

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Terri Jimenez
1500 Meadow Drive
Ukiah, CA 95482

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-35-411-016

File No.: 12142-2515285 (JF)

Affidavit - Death of Joint Tenant

State of California)
County of Mendocino)ss.
)

Terri Jimenez ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Frank Jimenez ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on August 8, 2015 at Ukiah, CA (city and state of death).
2. Decedent as a Joint Tenant is the same person who was named as a grantee in that certain Corporation Grant, Bargain, Sale Deed dated March 20, 2006 which was recorded as Instrument No. 0671514 , of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: February 15, 2017

DECLARANT:

Terri Jimenez
Terri Jimenez

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 _____)SS
COUNTY OF _____)

On _____, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

This area for official notarial seal

CALIFORNIA 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.

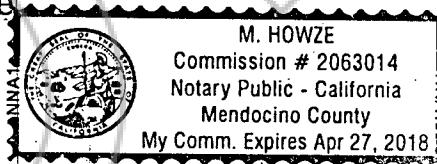
State of California

County of Mendocino

Subscribed and sworn to (or affirmed) before me on this

17th day of February, 2017

by _____
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me



Signature M Howze (seal)
M. Howze

EXHIBIT 'A'

LOT 82, IN BLOCK A, AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-02 FOR SKYLINE RANCH PHASE 2 FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON JUNE 18, 2003, IN BOOK 0603, OF OFFICIAL RECORDS, PAGE 9143 AS DOCUMENT NO. 0580419, AND AS AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED JANUARY 08, 2008 IN BOOK 108, PAGE 1564 AS INSTRUMENT NO. 715922 OF OFFICIAL RECORDS.

CERTIFICATE OF VITAL RECORD

COUNTY OF MENDOCINO

UKIAH, CALIFORNIA

CERTIFICATE OF DEATH

3201523000442

STATE FILE NUMBER		USE BLACK INK ONLY FOR PRINTING		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) FRANK		2. MIDDLE ARTHUR		3. LAST (Family) JIMENEZ	
4. DATE OF BIRTH (mm/dd/yyyy) 06/02/1943		5. AGE Yrs. 72		6. SEX M	
9. BIRTH STATE/PROVIN/COUNTRY CA		10. SOCIAL SECURITY NUMBER -6616		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (as of Date of Death) MARRIED		7. DATE OF DEATH (mm/dd/yyyy) 08/08/2015		8. HOUR (24 Hour) 2310	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of the DO NOT USE RETIRED ELECTRICIAN		18. KIND OF EMPLOYER OR INDUSTRY (e.g., quarry, store, food, construction, employment agency, etc.) ELECTRICAL		19. YEARS IN OCCUPATION 30	
20. DECEASED'S RESIDENCE (street and number, or local use) 1500 MEADOW DRIVE					
21. CITY UKIAH		22. COUNTY/PROVINCE MENDOCINO		23. ZIP CODE 95482	
24. YEARS IN COUNTY 40		25. STATE/PROVIN/COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP TERRI JIMENEZ, WIFE		27. DECEASED'S HOME ADDRESS (street and number, or local use, or town, state and zip) 1500 MEADOW DRIVE, UKIAH, CA 95482			
28. NAME OF SURVIVING SPOUSE (Last, First, MI) TERRI JOYCE GAMBONI		29. MIDDLE JOYCE		30. LAST (Family) GAMBONI	
31. NAME OF FATHER (Last, First, MI) FRANK JIMENEZ		32. MIDDLE J		34. BIRTH STATE MEXICO	
33. NAME OF MOTHER (Last, First, MI) LUCY HINMAN		36. MIDDLE MARGARET		37. LAST (Family) HINMAN	
38. BIRTH STATE MEXICO		39. BIRTH STATE MEXICO			
33. DATE OF BURIAL (mm/dd/yyyy) 08/17/2015		40. PLACE OF BURIAL (name, address, city, state and zip) CALVARY CATHOLIC CEMETERY 2930 BENNETT VALLEY RD, SANTA ROSA, CA 95404			
41. TYPE OF CASKIN CR/BU		42. SIGNATURE OF VITAL REGISTRAR NOT EMBALMED		43. LICENSE NUMBER FD1703	
44. NAME OF FUNERAL HOME (Last, First, MI) EMPIRE MORTUARY SERVICES INC.		45. LICENSE NUMBER FD1703		47. DATE (mm/dd/yyyy) 08/12/2015	
46. NAME OF LOCAL REGISTRAR CRAIG MCMILLAN, MD		48. SIGNATURE OF LOCAL REGISTRAR CRAIG MCMILLAN, MD			
49. PLACE OF DEATH OWN RESIDENCE		102. IF OTHER THAN HOSPITAL, SPECIFY OF: <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY OF: <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Other	
104. CITY MENDOCINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or local use) 1500 MEADOW DRIVE		106. CITY UKIAH	
107. CAUSE OF DEATH CARDIOPULMONARY ARREST		108. TIME OF DEATH (mm/dd/yyyy) 2 MONS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. METASTATIC ADENOCARCINOMA OF UNKNOWN PRIMARY		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (e.g., HIV) NONE		114. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (e.g., HIV) NONE			
115. WAS OPERATIVE SURGERY PERFORMED ON DECEASED? LIVER BIOPSY 07/08/2015		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		117. DATE (mm/dd/yyyy) 08/12/2015	
118. LOCALITY TIME TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CORONER'S REPORT) 06/30/2015 07:27/2015		119. SIGNATURE AND TITLE OF PHYSICIAN RUSSELL I HARDY M.D.		120. LICENSE NUMBER G59375	
121. SIGNATURE AND TITLE OF PHYSICIAN RUSSELL I HARDY M.D.		122. SIGNATURE AND TITLE OF PHYSICIAN RUSSELL I HARDY M.D.			
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		FAX AUTH.		CENSUS TRACT	



* 232052290 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF MENDOCINO } SS

DATE ISSUED

AUG 13 2015

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, MENDOCINO COUNTY DEPARTMENT OF PUBLIC HEALTH.

Craig McMillan
LOCAL REGISTRAR
MENDOCINO COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

