

APN#: 1022-16-002-020

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Peggy Satterfield

2207 Macquindale Ln.  
Quincyville, CA 95669

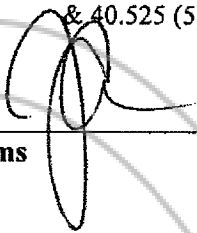
**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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

Peggy Satterfield, of legal age, being first duly sworn, deposes and says:

That Theo Satterfield, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Theo Satterfield named as one of the parties in that certain Personal Representative's Deed dated 5/30/2007 executed by Daniel S. Still as the Personal Representative of the Estate of Edward M. Still to Theo Satterfield and Peggy Satterfield as joint tenants, recorded as instrument No. 0702333, on 6/4/2007, in Book 0607, Page 0654, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 12 in Block K as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Dated 11/29/16

*Peggy Satterfield*  
Peggy Satterfield, Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

by Peggy Satterfield.

\_\_\_\_\_  
Notary Public

*See attached  
Acknowledgment*

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.

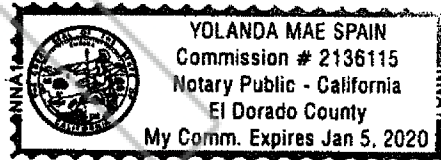
State of California )  
County of El Dorado ) ss.

On 11/29/2016 before me, Yolanda Mae Spain  
Notary Public personally appeared Peggy Satterfield

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 Yolanda Spain



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH AND HUMAN SERVICES AGENCY**  
 PLACERVILLE, CALIFORNIA

3052016212241

**CERTIFICATE OF DEATH**

3201609001029

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
THEO		WILLIAM		SATTERFIELD			
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. 6. UNDER ONE YEAR 7. UNDER 24 HOURS 8. SEX							
THEO WILLIAM SATTERFIELD JR.		08/02/1945		71		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SHIP* (at Time of Death)	
AL		5626				MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))		7. DATE OF DEATH mm/dd/yyyy 8. HOUR (24 Hours)	
GED				CAUCASIAN		10/23/2016 0625	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
MANAGER				OIL REFINERY		17	
20. DECEDENT'S RESIDENCE (Street and number, or location)							
2207 MORNINGDALE LANE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY 25. STATE/FOREIGN COUNTRY	
PLACERVILLE		EL DORADO		95667		30 CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
PEGGY SATTERFIELD, WIFE				2207 MORNINGDALE LANE, PLACERVILLE, CA 95667			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
PEGGY		LOUISE		RHEINBOLT			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
THEO		WILLIAM		SATTERFIELD SR.		TN	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
FRANCES		ETOILE		MANN		GA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
11/03/2016		SACRAMENTO VALLEY VA NATIONAL CEMETERY					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALLER				43. LICENSE NUMBER	
CR/BU		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
LOWEST COST CREMATION AND BURIAL		FD2059		NANCY J. WILLIAMS, MD, MPH		11/01/2016	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
MARSHALL HOSPITAL		<input checked="" type="checkbox"/> EPICU <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Home/UTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Street and number, or location)		106. CITY			
EL DORADO		1100 MARSHALL WAY		PLACERVILLE			
107. CAUSE OF DEATH		108. PERIOD BETWEEN DATE OF DEATH AND PLACE STATED FROM THE CAUSES STATED				109. DEPT/FFOR TO CORP/EP	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		ACUTE RESPIRATORY FAILURE				Date and Death (M) HRS EM16-9505	
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		CHRONIC RESPIRATORY FAILURE				105. ECG/SPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		LARYNGEAL CANCER				116. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		CHRONIC OBSTRUCTIVE LUNG DISEASE				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 (as in 107)							
COMFORT CARE, PULSELESS ELECTRICAL ACTIVITY							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)							
NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Declarant Attended Since: 09/05/2015		Declarant Last Seen Alive: 09/02/2016		MANDEEP SINGH M.D.		A126114 10/31/2016	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
		MANDEEP SINGH M.D.					
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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		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	

**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 **NOV 03 2016**



000177426

*Nancy Williams*  
 NANCY J. WILLIAMS MD, MPH  
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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