

APN: 1320 - 33 - 719 - 027
Recording requested by, and please
send recorded document and
future tax statements to:



KAREN ELLISON, RECORDER

Margaret J. Cox
P.O. Box 652
Bardnerville, NV. 89410
STATE OF Nevada)
COUNTY OF Douglas)

Affidavit of Death of Joint Tenant
Under NRS § 111.365

The affiant, Margaret J. Cox, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Donald L. Cox, the decedent mentioned in the attached certified certificate of death, who died on 09/8/2016, in Bardnerville, Nevada, is the same person as Donald L. Cox.
3. That the affiant and the decedent were both grantees in that certain Grant deed dated 10/04/2006, recorded on 10/31/2006, as book/page 1006/11605 or instrument # in the records of Douglas County, Nevada, and executed by the grantor(s) Classic Homes Nevada to the grantee(s) Donald L. Cox and Margaret J. Cox as Community property w/ right of survivorship covering the real property commonly known as 1476 Cardiff Dr., City of Bardnerville, Nev., County of Douglas, State of Nevada, more particularly described as:

see exhibit A.

4. That the relationship between the affiant and the decedent was that of:

Husband & Wife

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 30th day of October, 2017.

Margaret J. Cox
Affiant
Margaret J. Cox
Print name

Subscribed and sworn to before me on 10/30/17 by Margaret J. Cox
K. Ellison

Notary Public
12/15/20
Commission expiration date

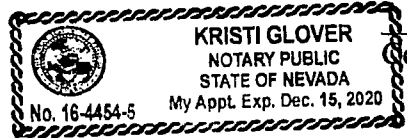


Exhibit A

DOC # 0001002
10/31/2006 02:51 PM Deputy: CF

OFFICIAL RECORD

Requested By:

WESTERN TITLE COMPANY INC

APN: 1320-33-719-027

RPTT \$ 11024.35

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-1006 PG-11605 RPTT: 1624.35



WHEN RECORDED MAIL TO:
Name Donald L. Cox and Margaret J. Cox
Street P.O. Box 652
Address

City,State Gardnerville, NV
Zip 89410

MAIL TAX STATEMENTS TO:
Name Donald L. Cox and Margaret J. Cox
Street P.O. Box 652
Address

City,State Gardnerville, NV
Zip 89410

Order 003203-SLG
No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

CORPORATION GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Classic Homes Nevada Inc, a Nevada Corporation hereby GRANT(s) to Donald L. Cox and Margaret J. Cox, husband and wife as joint tenants the following real property in the City of Gardnerville, County of Douglas, State of NV:

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

Lot 49, in Block D, of CHICHESTER ESTATES PHASE 13 Final Subdivision Map # 1006-13 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on October 4, 2004, in Book 1004, Page 1052, as Document No. 625784.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 10/04/2006

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3913988

CERTIFICATE OF DEATH

2016016937
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald Lee COX		2. DATE OF DEATH (Mo/Day/Year) September 08, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) 1476 Cardiff Dr. Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1940	
9a. STATE OF BIRTH (If not US/CA, name country) Oregon		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) Margaret Joyce PARK			
13. SOCIAL SECURITY NUMBER 5640		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Business Owner		Hardware		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1476 Cardiff Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Jesse Earl COX		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wilhelmina Augusta RINDFLESH			
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Margaret Joyce COX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 652 Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	

TRADE CALL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT L MCDONALD 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) September 13, 2016		21c. HOUR OF DEATH 11:18		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)					

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert L McDonald M.D. 200 Bath Street #1 Carson City, NV 89703		23b. LICENSE NUMBER 6433			
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Respiratory Failure		Months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Idiopathic Pulmonary Fibrosis		Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) _____		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



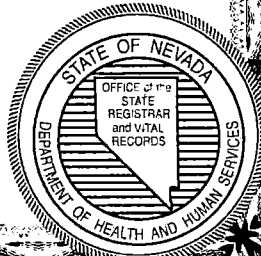
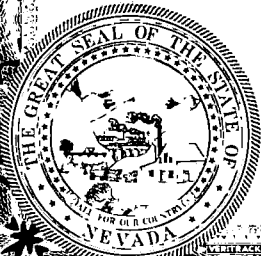
CERTIFIED COPY OF VITAL RECORDS

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: **9/22/2016**

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

Cody D. Thirney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a