

APN#: 1420-28-110-036

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Julia A. Stockton

*141 Keetly Dr
Dayton NV 89403*

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

[Handwritten Signature]

Diabe J. Allen

Escrow Officer

Title

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

Julia A. Stockton, of legal age, being first duly sworn, deposes and says:

That Bill V. Stockton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bill V. Stockton named as one of the parties in that certain Grant, Bargain and Sale Deed dated 5/18/2004 executed by Utility Financial Corporation to Julia A. Stockton and Bill V. Stockton, wife and husband as joint tenants, recorded as instrument No. 0614986, on 6/2/2004, in Book0604, Page 01199, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 103, in Block C, as set forth on Final Map of SARATOGA SPRINGS ESTATES UNIT NO. 3, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 23, 1998, in Book 698, Page 5063, as Document No. 442616, Official Records of Douglas County, Nevada.

Dated 12-13-17

Julia A. Stockton
Surviving Joint Tenant - Julia A. Stockton

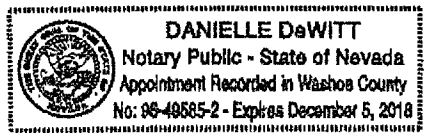
STATE OF NEVADA }SS

COUNTY OF Clark County

This instrument was acknowledged before me on December 13, 2017,

by Julia A. Stockton.

Danielle DeWitt
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3984220

CERTIFICATE OF DEATH

2017019717
 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) Billy Vaughn		2. DATE OF DEATH (Mo/Day/Year) October 21, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Carson Tahoe Regional Medical Center		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 6189		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Postmaster) Postmaster		14b. KIND OF BUSINESS OR INDUSTRY U. S. Postal Service	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Waldo Willard STOCKTON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida May WHITEHEAD		15d. STREET AND NUMBER 2979 San Mateo Dr	
18a. INFORMANT - NAME (Type or Print) Julia Ann STOCKTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2979 San Mateo Dr Minden, Nevada 89423		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD T HEARN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD228		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706	
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) TOKAMEH ENTEZARI MD			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) October 24, 2017		21c. HOUR OF DEATH 23:38		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Tokameh Entezari MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 12746	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 24, 2017		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) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute On Chronic Hypoxic Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Systolic Congestive Heart Failure 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: Hypertension; Coronary Artery Disease; Diabetes; Hyponatremia; Hyperkalemia; Unknown Etiology.				26. AUTOPSY (Specify Yes or No) No	
27a. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY	
27d. DESCRIBE HOW INJURY OCCURRED					
28a. 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:

11/2/2017

[Signature]
 SIGNATURE AUTHENTICATED

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

