

**APN: 1022-090-002-050;
1022-090-002-051**



00068559201809101180030035

KAREN ELLISON, RECORDER

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Jean Patton
1385 Topaz Ranch Drive
Wellington, NV 89444

AFFIDAVIT OF DEATH

Notice pursuant to NRS 440.380 that the attached document **does** contain the social security number and personal information of a person.

JEAN E. PATTON, being of sound mind and body, hereby testifies:

That she is over the age of 18;

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 14 and Lot 15, Block O, as shown Page 226 of the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Map Book 1, Page 224, and in Book 81, Page 214, Document No. 50212.

was held by Jean E. Patton and John A. Patton, who acquired the same as joint tenants by Grant, Bargain, Sale Deed recorded in Book 687, Page 972, as Document No. 156060 on June 8, 1987, APN 1022-090-002-051 (previous APN 37-383-08), and Grant, Bargain, Sale Deed recorded in Book 1090, Page 1758, as Document No. 236448 on October 11, 1990, APN 1022-090-002-050 (previous APN 37-383-09);

That John A. Patton passed away on December 12, 2017, as identified in the attached Certificate of Death #2017023529, issued by the State of Nevada; and

That pursuant to the rules of survivorship under Nevada law, Jean E. Patton is the survivor and now holds this property as a unmarried woman as her sole and separate property;

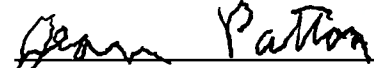
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That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: February 2, 2018



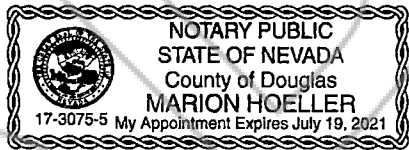
Jean E. Patton

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on February 2, 2018, by Jean E. Patton.



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. 3993227

CERTIFICATE OF DEATH

2017023529
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) John A PATTON		2. DATE OF DEATH (Mo/Day/Year) December 13, 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		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		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) Jean BRUSH	
13. SOCIAL SECURITY NUMBER [REDACTED]-3307		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Welder		14b. KIND OF BUSINESS OR INDUSTRY Utility	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1385 Topaz Ranch Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alva John PATTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Russilla PELTON		
18a. INFORMANT - NAME (Type or Print) David BRUSH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4019 Carmel View #155 San Diego, California 92130			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Crementation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) JOSE AGUIRRE MD 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) December 18, 2017		21c. HOUR OF DEATH 01:16		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 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) Encephalopathy Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Urinary Tract Infection Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Anemia Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Thrombocytopenia; Unknown Etiology				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

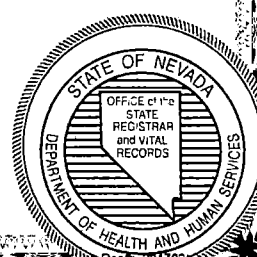
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/19/2017

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

[Signature]
STATE REGISTRAR

SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE