APN: 1420-07-717-023

RECORDING REQUESTED BY WHEN RECORDED MAIL TO:

ALLING & JILLSON, LTD. Post Office Box 3390 Lake Tahoe NV 89449-3390



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Judith A Scott, being first duly sworn, deposes and says:

- 1. That Affiant Judith A. Scott, is a Joint Tenant with Andrew M. Scott, deceased, with respect to certain real property more particularly described below.
- 2. That said Andrew M. Scott and Judith A. Scott are joint tenants with right of survivorship by virtue of that certain Grant, Bargain and Sale Deed, dated February 23, 2016, recorded on April 14, 2016, in the Official Records of Douglas County, Nevada, as Document No. 2016-879379, wherein Richard B. Watkins and Judy L. Watkins, were the Grantors and the said Andrew M. Scott and Judith A. Scott, as joint tenants with right of survivorship, were Grantees, the same conveying that certain real property in the County of Douglas, State of Nevada, and more particularly described as follows:
 - LOT 3, IN BLOCK C, OF THE HIGHLAND ESTATES UNIT NO. 3, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 2, 1078, AS FILE NO. 20213.
- 3. That the said Andrew M. Scott died on or about March 17, 2017, in the City South Lake Tahoe, El Dorado County, California, and is the identical person named as Andrew M. Scott in that certain certified copy of the Certificate of Death attached hereto as **Exhibit A**, and incorporated herein by reference.
- 4. That all of said real property was vested in Judith A. Scott upon the death of Andrew M. Scott, as of the date of the death.

DATED: December 19, 2018

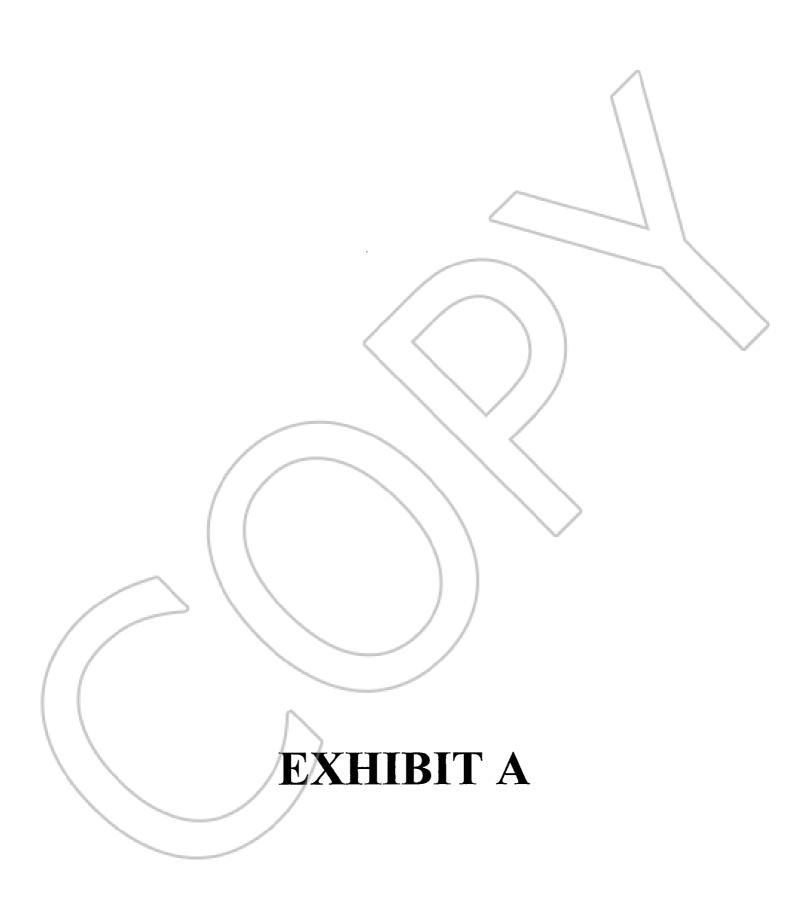
JUDITH A. SCOTT

STATE OF NEVADA_____) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 19th day of December 2018, by Judith A. Scott, personally known to me (proved to me on the basis of satisfactory evidence) to be the person who appeared before me.

NOTARY PUBLIC





CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052017066653			CERTIFICATE OF DEATH STATE OF CULFORM USE BLACK MX ONLY / NO EMSLESS. WHITEOUTS OR ALTERATIONS WHITEOUTS OR ALTERATIONS					3201709000323			
$\overline{}$	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)		2, MiDDLE 3, LAST (Family)					LOCAL REGISTRA	REBINUM NOITH	-	_
DECEDENT'S PERSONAL DATA	ANDREW AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					DATE OF BIRTH mm/dd/ccyy 5, AGE Yrs.		FUNDER ONE YEAR onths Days	IF UNDER 24 HO		_
	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY N	umaer i i	II, EVER IN U.S. ARMS	02/01/		SROP" (at Time of Death)	1 .	nm/dd/ocyy 8	HOUR (24 Hours)	0
	INDIANA 13. EDUCATION – Highest Level/Degree 14/	-1122	-	ب ت		MARRIED	CE - Up to 3 races ma	03/17/2017		1100	Ų
CEDENT	HS GRADUATE] ves			_ X ∞ [V	VHITE			The Real Property lies, the Parks of the Par	ARS IN OCCUPATION	
ğ	17. USUAL OCCUPATION - Type of work for most of tile. DO NOT USE RETIRED 18. KINO On BUSINESS OF INCUSTRY (A.g., grocsy close, read construction, enrollyment agency, etc.) 19. YEARS UNSURANCE 19. YEARS UNSURANCE 19. YEARS UNSURANCE								UN		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street as 1385 PEBBLE BEAC							-			
			UNTY/PROVINCE DORADO			23. ZIP CODE 24. YEARS IN COUNTY 23			CALIFORNIA		
MEOR-											
_	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST JUDITH		29. MIDDLE ANN			30. LAST (BIRTH NAME) GOMBOS					
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST DAVID		32. MIDDLE AMOU	. The	$\overline{}$	SCOTT				BIRTH STATE	_
	35. NAME OF MOTHER/PARENT-FIRST MARY		38. MIDDLE		1	37. LAST (BIRTH	(NAME)		38. BIRTH STATE		_
FUNERAL DIRECTOR/	10/3/11/2017 40. PLACE OF FINAL DISPOSITION RES. JUDITH SCOTT 1385 PEBBLE BEACH DRIVE, SO. LAKE TAHOE, CA 96150									_	
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER NOT EMBALMED					/	43, LICE	4SE NUMBER	_
	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY			45, LICENSE NUMBER 48. SIGNATURE OF LOCAL REGISTRAR					47. DATE mm/dd/ccyy 03/31/2017		
_	101, PLACE OF DEATH 102, IF HOSPITAL SPECIFY ONE 103, IF OTHER THAN HOSPITAL, SPECIFY ONE Number 107 December 107.										٦
RESIDENCE, HOSPICE 104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 106. CIT										_	Ť
	EL DORADO 1385 PEBBLE BEACH DRIVE 107. CAUSE OF DEATH Criter the chain of everts ——descess, large, or complications —that directly caused defath, DO NOT enter terminal events such ear cardiac annex, responsibly entering, or without a bridge without showing the editing. DO NOT ASSREVIATE.						Tirpo Interval Be	SO. LAKE TAHOE Trine interval Between 100. DEATH REPORTED TO CORONER? Orsel and Death			
CAUSE OF DEATH	IMMEDIATE CAUSE (A) METASTATIC ADENOCARCINOMA OF LUNG First disease or →						هم 6 MOS	YE LIVE	S X NK	٥	
	in death) (5) Sequentially, list conditions, it any.				/ /			(en)	109, BIOPS	SY PERFORMED?	٥
	leading to cause on Line A. Enter (C) UNDERLYING				1			ст	110. AUTO	PSY PERFORMED?	1
	CAUSE (disease or hippy that hippy that white the weeks (0) instituted the events (0) resulting in death) LAST							(17)	111, USEO IN	DETERMINING CAUSE	١.
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESACTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE										
***************************************	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 167 OR 112? (I yes, list type of operation and date.) 113, FEMULE, PRECIVATI NI LIST YEAR NO UNK									- 1	
S S	114, I CERTIFY THAT TO THE BEST OF MY KI AT THE HOUR, DATE, AND PLACE STATED FF	OM THE CAUSES STATED.	170000000000000000000000000000000000000	E AND TITLE OF CERT		/			VUMBER 117. C	ATE mm/dd/ccyy	
PHYSICIAN'S CERTIFICATION	Decaderal Atlanded Sirca Decaderal List Seen Alve PALLISON HERMAN STEINMETZ M.D. A7138							6 03/ TEINMET	20/2017 Z M.D.	\dashv	
119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED, 120, INJURIED AT WORK? 121, INJURY DATE mm/dd/copy											nutra)
CORONER'S USE ONLY	MANGER OF DEATH TOTALIST ACTION TO ACCOUNT AND ACCOUNT										4
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)										4
8	128, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE n/m/dd/ccyy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER										
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REGIS		c P	E		1910. 1010.	01003511405°		FAX AUTH.#		CENSUS TRA	ст —
		1									

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.

Human Services Agency. APR 0 5 2017

DATE ISSUED



Maley Mulliams MD, MPH
COUNTY HEALTH OFFICER

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

EL COO

NY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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