

APN # 1220-21-610-022

Escrow # 00241854 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Kathleen G. Baker
764 Bluerock Road
Gardnerville, NV 89460

Mail Tax Statements to:
Kathleen G. Baker
764 Bluerock Road
Gardnerville, NV 89460

DOUGLAS COUNTY, NV **2019-924743**
Rec:\$35.00
\$35.00 Pgs=4 **01/18/2019 11:57 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Joint Tenant

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: 440.380 (state specific law).

Cindy Brewer
SIGNATURES

Escrow Assistant
TITLE

Cindy Brewer
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1220-21-610-022
Escrow No. 00241854 - 016 -

When Recorded Return to:

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

Kathleen Baker, of legal age, being duly sworn, deposes and says

That Steven Nicholas Baker the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Steven Baker named as one of the parties in that certain Grant, Bargain Sale Deed dated Oct. 17, 2003 executed by Virginia H. Doxsee to Steven Baker and Kathleen Baker, husband and wife as joint tenants, recorded as Instrument No. 0594606, on Oct. 23, 2003 in Book n/a Page n/a of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

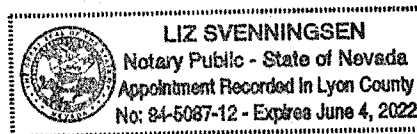
Dated: Jan 14, 2019

Kathleen Baker
Kathleen Baker

*Kathleen Baker

SUBSCRIBED AND SWORN TO before me on this 14 day of Jan 2019

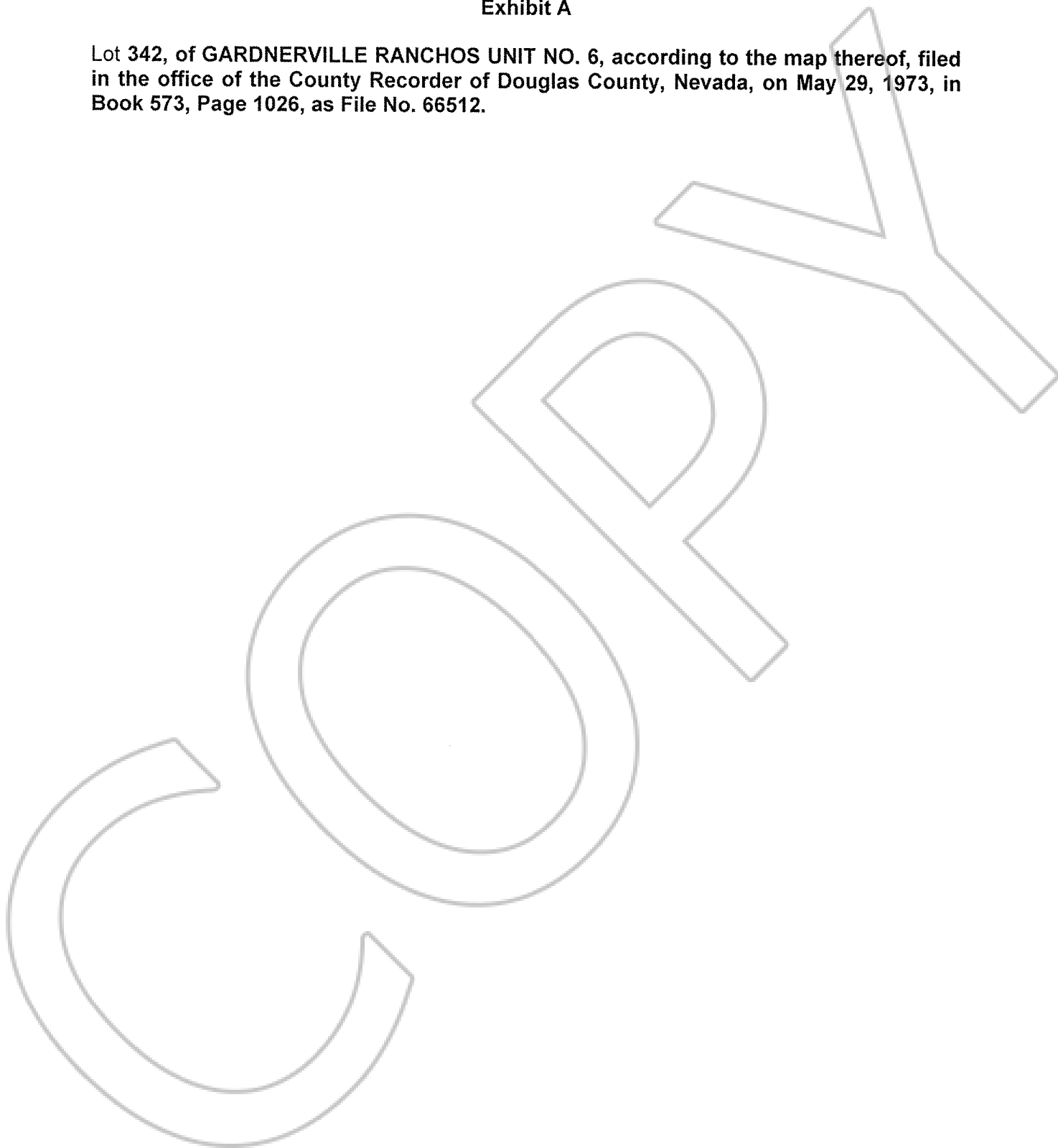
Liz Svenningesen
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 342, of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.



SPACE BELOW FOR RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201808000124

STATE FILE NUMBER		USE BLACK INK ONLY / DO NOT WRITE IN THESE SPACES OR ALTERATIONS DATE OF DEATH				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) STEVEN		2. MIDDLE NICHOLAS		3. LAST (Family) BAKER			
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/31/1950		5. AGE Yrs. 67		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 2896		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PROP* (at time of death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) SOME COLLEGE		14.16. WAS DECEDENT HISPANIC/LATINO/ASIAN? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/yyyy 01/29/2018		8. HOUR (24 Hours) 1143	
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 15			
20. DECEDENT'S RESIDENCE (Street and number, or location) 784 BLUEROCK ROAD		21. CITY GARDNERVILLE		22. COUNTY/PROVINCE WASHOE		23. ZIP CODE 89460	
24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP KATHLEEN BAKER, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or care, state, zone and zip) 784 BLUEROCK ROAD, GARDNERVILLE, NV 89460	
28. NAME OF SURVIVING SPOUSE/PROP—FIRST KATHLEEN		29. MIDDLE GAIL		30. LAST (BIRTH NAME) COSGRIFF			
31. NAME OF FATHER/PARENT—FIRST MARVIN		32. MIDDLE ROGER		33. LAST BAKER		34. BIRTH STATE MI	
35. NAME OF MOTHER/PARENT—FIRST MILDRED		36. MIDDLE LEE		37. LAST (BIRTH NAME) TACKETT		38. BIRTH STATE WI	
39. DEPOSITION DATE mm/dd/yyyy 02/02/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF WIFE, KATHLEEN BAKER 784 BLUEROCK ROAD, GARDNERVILLE, NV 89460		41. TYPE OF DISPOSITION CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT TAHOE CREMATION		45. LICENSE NUMBER FD2259		46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy 02/02/2018		101. PLACE OF DEATH BARTON HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> SNOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE		106. CITY SOUTH LAKE TAHOE			
107. CAUSE OF DEATH Enter the chain of events — disease, trauma, or complication — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the substrate. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) CORONARY ARTERY ATHEROSCLEROSIS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. YEARS EM18-937			
110. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Disceased Last Seen Alive <input type="checkbox"/>		117. SIGNATURE AND TITLE OF CERTIFIER STEVEN SCHOFIELD		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. LICENSE NUMBER 117. DATE mm/dd/yyyy	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy		123. HOUR (24 Hours)	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		125. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		126. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
127. SIGNATURE OF CORONER / DEPUTY CORONER STEVEN SCHOFIELD		128. DATE mm/dd/yyyy 02/01/2018		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER STEVEN SCHOFIELD, DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH/LA		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF EL DORADO

SS DATE ISSUED
FEB 20 2018

* 0 0 0 2 7 7 2 8 3 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

William E. Schatz
EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.

PRNCO (Rev) 04/16

