RECORDING REQUESTED BY & WHEN RECORDED MAIL TO:

DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

R. GORDON BAKER

2019-927315 04/01/2019 12:42 PM

Pas=3

KAREN ELLISON, RECORDER

Mardell Bristol 160 Joscolo View Clayton CA 94517

MAIL TAX STATEMENTS TO:

Mardell Bristol 160 Joscolo View Clayton CA 94517

Above This Line For Recorder's Use Only

A.P. N.: 1318-23-710-020

AFFIDAVIT OF DEATH OF JOINT TENANT

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS **AFFIDAVIT**

State of California County of Contra Costa

Mardell Bristol, of legal age, being first duly sworn, deposes and says:

Billie Joe Bristol, the decedent named in the certified copy of Certificate of Death, attached hereto is the same person as Billie Joe Bristol, who is named as one of the parties in that certain deed dated March 25, 1991, executed by G. B ailey Favarelli, an unmarried woman, to Billie Joe Bristol and Mardell A. Bristol, husband and wife, as joint tenants, recorded on April 2, 1991, as Document No. 247751 at Book 491, Page 241, of Official Records of Douglas County, Nevada, covering the real property situated in the County of Douglas, State of Nevada described as follows:

Lot 20, as shown on the map of LAKEWOOD KNOLLS SUBDIVISION, Douglas County, Nevada, filed in the office of the County Recorder of Douglas County, Nevada, on May 29, 1958, under Document No. 13163,

Commonly known as 245 Sherwood Ct., Stateline, NV 89449.

Dated: January 24, 2019

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this January 24, 2019, by Mardell A. Bristol, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature:_

Notary Public

C My C

R. GORDON BAKER JR.
Notary Public - California
Contra Costa County
Commission # 2156431
My Comm. Expires Jul 10, 2020

STATUR DE GALO ORDENIA

CERTIFICATION OF VITAL RECORD

Marina Catta Carta Carta

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052018256631				STATE OF CALIFORNIA						3201834011007			
	STATE FILE NUMBER 1 NAME OF DECEDENT- FIRST (Given)	- 1.	VS 1 k(HEV 10b) 2. MIDDLE 3. LAST (Famuly)					LOCAL	LOCAL REDISTRATION AUMBER				
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¥ I	JOE BRISTOL				08/19/1	3/19/1940 78							
ŝ	9 BIRTH STATE FOREIGN COUNTRY 10 SOCIAL SEC	PHILA MOWE								F DEATH mm/dd	8 HOUR (24 Hours)		
B PE	OK -80	X X NO			<u> </u>				2/16/2018 2258				
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õ	OWNER		PLUMBING COMPANY						54				
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USUAL RESIDENCE											4		
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	ELMER	- 1	EZRA			/	BRIST	OL .	1 1			MO ON	
	35 NAME OF MOTHER PARENT-FIRST	36	36 MIDDLE			37 LAST (BIRTH NAME)						8 BIRTH STATE	
PA4	JEWELL	J.				<u> </u>	TEAGUE			AR AR		ıR	
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	CHAPEL I BIOCO FORWARD MB								OTHER TH	IAN HOSPITAL S	PECIFY ON	NÉ.	
ŏ≠	PARKING LOT PARKING LOT Deadure X Orac											exadent's X Orner	
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part .	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIABETES MELLITUS TYPE II												
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN	ITEM 107 OF	R 1127 (II ye	s 4st type of o	peration and	date)				113A	, ,	TEGNANTIN LAST YEAR?	
Name and Address of the Owner, where		TED Late o			- ACUTICIO	_	_/_		116	LICENSE NUMB	75S E	NO UNK	
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	173 PLACE OF INJURY is g. horne, construction site woods		, <u>r</u>	PMG-G.E	on	berirred							
ECK	Γ	N.											
's us	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)												
CORONER'S USE CNLY	1/25 LOCIATION OF INJURY (Street and number or location) and city, and zip)												
8													
W	128 SIGNATURE OF CORONER POEPUTY GORONER 127 DATE mm/dd/ccyy 128 TYPF NAME TITLE OF CORONER / DEPUTY CORONER												
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No.													

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

January 8, 2019

* 0 0 1 7 7 8 2 2 4 *

Oliva Kange MD

OLIVIA KASIRYE, MD

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICAT

