

APN# : 1220-22-110-073

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Patricia R. Ruben

466 Stanford Avenue

Medford, OR 97504

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



Sherry Ackermann

Escrow Officer

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

Patricia R. Edwards aka Patricia R. Ruben, of legal age, being first duly sworn, deposes and says:

That Joe M. Edwards, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joe M. Edwards named as one of the parties in that certain Deed of Trust with Assignment of Rents dated 6/22/1993 executed by West Ridge Development and Constructions, Inc., a Nevada Corporation to Joe M. Edwards and Patricia R. Edwards, husband and wife as joint tenants with right of survivorship as beneficiaries, recorded as instrument No. 310468, on 6/22/1993, in Book 0693, Page 4786, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 131, as shown on the Official Map of GARDNERVILLE RANCHOS UNIT NO. 5, filed for record in the office of the Douglas County Recorder, State of Nevada on November 4, 1970, in Book 80, Page 675, as Document No. 50056, Official Records.

Dated 4-2-20

Patricia R. Ruben
Patricia R. Ruben, Surviving Joint Tenant

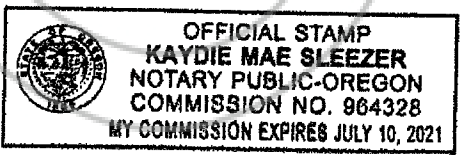
STATE OF OR } SS

COUNTY OF Jackson

This instrument was acknowledged before me on 4/2/2020

by Patricia R. Ruben

[Signature]
Notary Public



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

782975
I.D. TAG NO.

136-2017-000233
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name First: Joe, Middle: Mack, Last: Edwards, Suffix:		Death Date January 09, 2017	
Sex Male	Age 77 years	Social Security Number [REDACTED]-7708	County of Death Jackson
Birthdate January 25, 1939		Birthplace Floydada, Texas	
Residence: 466 Stanford Avenue		City/Town Medford	
Residence County Jackson	State or Foreign Country Oregon	Zip Code + 4 97504	Inside City Limits? Yes
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Patricia R Basinger	
Father's Name Bruce Enos Edwards		Mother's Name Prior to First Marriage Mary Frances Garner	
Informant's Name Patricia Edwards	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 466 Stanford Avenue, Medford, OR 97504
Place of Death Hospital-Inpatient		Facility Name Asante Rogue Regional Medical Center	
Location of Death 2825 E Barnett Road		City/Town or Location of Death Medford	State Oregon
Method of Disposition Burial		Place of Disposition Siskiyou Memorial Park	Location (City/Town and State) Medford, Oregon
Name and Complete Address of Funeral Facility Perl Funeral Home, 2100 Siskiyou Blvd, Medford, Oregon 97504			
Date of Disposition January 16, 2017	Funeral Director's Signature <i>Bret Benzley</i>		OR License Number CO-3841
Registrar's Signature <i>Jennifer A. Woodward</i>		Date Received January 12, 2017	Local File Number
Amendment			

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 03:00 PM
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. pneumonia					6 days
Due to (or as a consequence of) ↓ b. influenza a					6 days
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death Atrial fibrillation Anticoagulation GI bleed					
Manner of Death Natural	If Female Not Applicable			Did tobacco use contribute to death? Probably	
Date of Injury	Time of Injury	Place of Injury		Injury at Work?	
Location of Injury					
Describe how injury occurred				If transportation injury, specify.	
Name and Address of Certifier Jose Mondesi Garrido, 2640 E Barnett Road E-333, Medford, Oregon 97504					
Name and Title of Attending Physician If Other than Certifier				Date Signed January 12, 2017	
Medical Certifier <i>Jose Mondesi Garrido</i>		Electronically Signed	Title of Certifier M.D.	License Number MD28553	
Amendment					



 20200329135

45-2CC (01/06)



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: March 25, 2020


 JENNIFER A. WOODWARD, Ph.D.
 STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.