DOUGLAS COUNTY, NV

Rec:\$40.00

\$40.00

2020-945167

Pgs=3

04/24/2020 02:16 PM

**ETRCO** 

KAREN ELLISON, RECORDER

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)
for recording does contain the social security	thed document, including any exhibits, hereby submitted number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))
Signature Ou Ay	
Sherry Ackerma	nn Escrow Officer
Affidavit De	eath of Joint Tenant
M1.	

**APN#**: 1220-22-110-073

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 surivvorship as beneficiaries, recorded as instrument No. 310468, on 6/22/1993, in Book0693, 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, Surviving Joint Tenant

STATE OF

COUNTY OF

y OF tall SON

}SS

This instrument was acknowledged before me on

by Patricia R. Ruben

Notary Public

OFFICIAL STAMP
KAYDIE MAE SLEEZER
NOTARY PUBLIC-OREGON
COMMISSION NO. 964328
MY COMMISSION EXPIRES JULY 10, 2021

## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

782975

LD. TAG NO.

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2017-000233

STATE FILE NUMBER

	Legal Name	First JOE	Middle Mack	Last Edwards	14/24/2 14/24/2	Suffix	Death Da		
	Sex		Age	Social Security Number		County of		anuary 09, 2017	
IΤΥ	Male Birthdate		77 years		-7708	Jacks	on \		
믕	January 25	, 1939	Floyda	da, Texas			as Decedent E S. Armed Forc		
BY FUNERAL FACILITY	Residence: 466 Stanfor	rd Avenue			City/Town Medford				
RA	Residence County Jackson			or Foreign Country Oregon	Zip Code + 4 97504		Inside Cit Yes	y Limits?	
NO.	Marital Status at T	ime of Death		se's Name Prior to First Man	nane company		1 63		
3Y F	Married Patricia R Basinger Father's Name Prior to First Marriage								
ED 8	Bruce Enos		Telephone Nurr	1977)	Mary Frances C	Sarner			
ET	Patricia Edv		Not Availa	ible Spouse	466 Sta	nford Aven	ue, Medfo	ord, OR 97504	
COMPLET		Place of Death Hospital-Inpatient Asante Rogue Regional Medical Center							
	Location of Death 2825 E Barr	nett Road		City/Town or Location Medford		State Oregor		Zip Code + 4 97504	
) BE	Method of Disposit		Place of Disposition			Location (C	ity/Town and S	tate)	
<b>T</b> 0	Burial Name and Comple	te Address of Fune	Siskiyou Men	in an airi	***************************************		d, Oregon		
	Perl Funera  Date of Disposition	l Home	Funeral Director's S	2100 Siskiyo	ou Blvd, Medford	d, Oregon	97504		
	January 16,	2017	> Director # 5	Bret Benzley		Electronically Of Signed		CO-3841	
	Registrar's Signa ▶		nifer A. Woodwa	urd :	Date Received January 12, 20		cal File Numbe	Maria di Pinangan	
}	Amendment							-	
		Y and the							
	Was case referred	to Medical Examine		Were autopsy fir	ndings available to comp	dete the cause	of death?	Time of Death 03:00 PM	
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	CAUSE OF DEAT		No l	No †					
IER	CAUSE OF DEATI IMMEDIATE CAUS a.			NO			>	Approximate Interval: Onset to Death	
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-	IMMEDIATE CAUS a. Due to (or as a consect b. Due to (or as a consec	pneumoni quence on V influe	a				>	Approximate Interval. Onset to Death	
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BY MEDICAL CERTIFI	immediate caus a. Due to (or as a consect b. Due to (or as a consect c. Due to (or as a consect d. Other significant or Atrial fibrillat Manner of Death	pneumonic present of the present of the quence of the quen	a nza a nza a nzo ceath ilation GI bleed Female Not Applica			Did to Pro	pbacco use cor	Approximate Interval: Onset to Death 6 days 6 days	
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DATE ISSUED.

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.

March 25, 2020

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THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A WOODWARD, Ph.D.
STATE REGISTRAR

\*20200329135\*

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