

APN: 1318-23-610-005

RECORDING REQUESTED BY AND WHEN

RECORDED MAIL TO:

RONALD D. ALLING, ESQ.
ALLING & JILLSON, LTD.
POST OFFICE BOX 3390
LAKE TAHOE, NV 89449

MAIL TAX STATEMENTS TO:

NICOLE GORDON
POST OFFICE BOX 10431
ZEPHYR COVE, NV 89448



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Pursuant to NRS 239B.030, the undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person.

AFFIDAVIT TERMINATING JOINT TENANCY

NICOLE GORDON, being first duly sworn, deposes and testifies upon personal knowledge and says:

1. I am the surviving joint tenant of SLOAN GORDON, decedent, with respect to certain real property more particularly described below.

2. SLOAN GORDON, deceased, and I are joint tenants, with right of survivorship, by virtue of that certain Grant, Bargain, Sale Deed, dated October 10, 2019, recorded on October 23, 2019 in the Official Records of Douglas County, Nevada, as Document No. 2019-937031, wherein Sloan Gordon and Nicole Gordon, husband and wife as joint tenants with right of survivorship were the Grantees, the same conveying that real property, as more particularly described as follows:

Lot 5, Block A of Lakewood Knolls Annex, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 12, 1959, as Document No. 14378

Assessor's Parcel No. 1318-23-610-005

3. SLOAN GORDON died on or about May 18, 2020, in El Dorado County, California, and is the identical person named as SLOAN GORDON in the certified copy of the Certificate of Death attached as Exhibit "A" and incorporated herein by reference.

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4. All of the real property described in this Affidavit was vested in me upon the death of SLOAN GORDON, as of the date of his death.

FURTHER AFFIANT SAITH NAUGHT.

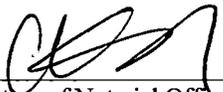
Dated:



NICOLE GORDON, Affiant/Surviving Joint
Tenant

State of NEVADA)
 :SS.
County of DOUGLAS)

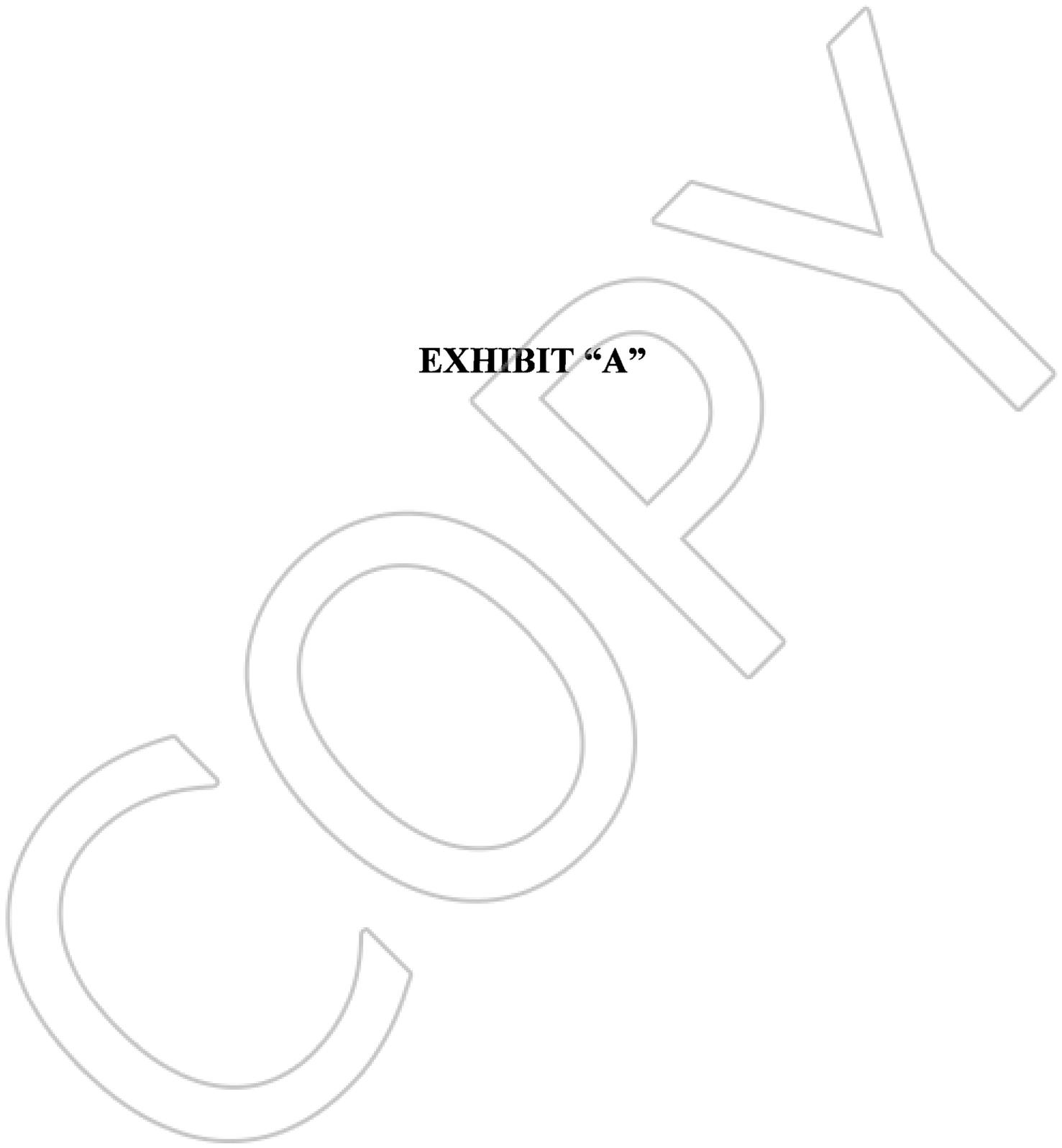
Signed and affirmed before me on June 24, 2020, by Nicole Gordon.



(Signature of Notarial Officer)



EXHIBIT "A"



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3202009000538

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2/06)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) SLOAN		2. MIDDLE MICHAEL		3. LAST (Family) GORDON	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/19/1973	5. AGE Yrs. Months Days 46	6. UNDER ONE YEAR Months Days	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER -9531	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 05/18/2020	8. HOUR (24 hours) 2137
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. IS WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENVIRONMENTAL CONSULTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PLANNING AND DEVELOPMENT		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 276 CHIMNEY ROCK ROAD					
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89449	25. STATE/FOREIGN COUNTRY NV
26. INFORMANT'S NAME, RELATIONSHIP NICOLE H. GORDON, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 10341, ZEPHYR COVE, NV 89448		
28. NAME OF SURVIVING SPOUSE/SROP-FIRST NICOLE		29. MIDDLE H.		30. LAST (BIRTH NAME) BUELL	
31. NAME OF FATHER/PARENT-FIRST WILLIAM		32. MIDDLE GILBERT		33. LAST GORDON	
35. NAME OF MOTHER/PARENT-FIRST MARYANN		36. MIDDLE -		37. LAST (BIRTH NAME) COX	
39. DISPOSITION DATE mm/dd/yyyy 05/26/2020		40. PLACE OF FINAL DISPOSITION RESIDENCE OF NICOLE H. GORDON 276 CHIMNEY ROCK ROAD, STATELINE, NV 89449			
41. TYPE OF DISPOSITION(S) CR/RFS		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE PINES		45. LICENSE NUMBER FD1129	46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH		47. DATE mm/dd/yyyy 05/26/2020
101. PLACE OF DEATH UTILITY CLOSET		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Interspace <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3471 LAKE TAHOE BLVD		106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH <small>Enter the chain of events - disease, injury, or condition - that directly caused death. DO NOT list terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the context. DO NOT ABBREVIATE</small>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) UNDETERMINED, PENDING TOXICOLOGY		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death UNK		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. 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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NUMBER	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 05/18/2020	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER SPECIFIED PLACES		122. HOUR (24 hours) 2137			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT WAS INSTALLING NITROUS OXIDE TANKS. IT IS ASSUMED THE DECEDENT INHALED A LETHAL AMOUNT OF NITROUS OXIDE.					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 3471 LAKE TAHOE BLVD, SOUTH LAKE TAHOE, CA 96150					
126. SIGNATURE OF CORONER / DEPUTY CORONER MICHAEL ELLEDGE		127. DATE mm/dd/yyyy 05/19/2020		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER MICHAEL ELLEDGE, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

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.

MAY 27 2020

DATE ISSUED _____

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



000204113

Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

