

APN#: 1220-16-110-014

DOUGLAS COUNTY, NV **2020-952153**
Rec:\$40.00 Pgs=6 09/08/2020 02:48 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
James H. Walton and Jacqueline
E. Walton

100 Recreation Dr. 398
La Honda CA
94020

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



Amy Gutierrez

Escrow Officer

THIS DOCUMENT IS EXECUTED IN COUNTERPART

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

James H. Walton and Jacqueline E. Walton, of legal age, being first duly sworn, deposes and says:

That Albert Walter John Walton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Albert Walter John Walton named as one of the parties in that certain Grant Bargain and Sale Deed dated 9/14/2015 executed by Albert Walton to Albert Walton, James H Walton and Jacqueline E. Walton as joint tenants as joint tenants, recorded as instrument No. 2015-869551, on 9/14/2015, in Book N/A, Page N/A, 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 6, in Block A, as shown on the Final Map of PLEASANTVIEW SUBDIVISION PHASE I, filed in April 6, 1990, in Book 490, Page 916, as Document No. 223488, Official Records of Douglas County, Nevada.

Dated _____

8/27/2020

James H. Walton

James H. Walton
Surviving Joint Tenant

THIS DOCUMENT IS EXECUTED IN COUNTERPART

Jacqueline E. Walton
Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF

San Mateo

This instrument was acknowledged before me on

8/27/2020

by James H. Walton and ~~Jacqueline E. Walton.~~

Notary Public

**PLEASE SEE
NOTARY ATTACHMENT**

THIS DOCUMENT IS EXECUTED IN COUNTERPART

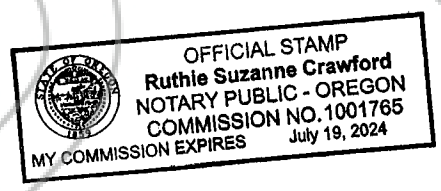
James H. Walton
Surviving Joint Tenant

Jacqueline E. Walton
Jacqueline E. Walton
Surviving Joint Tenant

STATE OF ~~NEVADA~~ Oregon }SS
COUNTY OF Multnomah

This instrument was acknowledged before me on
8/27/2020

by ~~James H. Walton~~ and Jacqueline E. Walton.



Ruthie Crawford
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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 San Mateo

On Aug 27th 2020 before me, ATIEH RAMEZANI, Notary Public, personally appeared
James H. Walton

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/het/their authorized capacity(ies), and that by his/het/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Atieh Ramezani
Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The acknowledgment contained within this document is in accordance with California law. Any certificate of acknowledgment performed within the State of California shall use the preceding wording pursuant to Civil Code section 1189. An acknowledgment cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. In addition, the correct notarial wording can only be signed and sealed by a notary public. The seal and signature cannot be affixed to a document without the correct notarial wording.

DESCRIPTION OF ATTACHED DOCUMENT

CAPACITY CLAIMED BY SIGNER

Affidavit - Death of Joint Tenant
(Title of document)
Number of Pages 3 (Including acknowledgment)
Document Date 8, 27, 2020

Individual
 Corporate Officer
 Partner
 Attorney-In-Fact
 Trustee
 Other: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4137545

CERTIFICATE OF DEATH

202006606
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Albert Walter John WALTON		2. DATE OF DEATH (Mo/Day/Year) March 31, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) 1220 Pleasantview Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No.: Non-Hispanic		7a. AGE-Last birthday (Years) 89	
9a. STATE OF BIRTH (If not US/CA: name country) England		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ████████-4096		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY AIRLINE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1220 Pleasantview Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) August 22, 1930	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John WALTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith OTTEWILL		
18a. INFORMANT- NAME (Type or Print) James WALTON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State; Zip) PO Box 398 La Honda, California 94020		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GARRETT D SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 02, 2020		21c. HOUR OF DEATH 06:04		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Garrett D Schwartz MD 1520 Virginia Ranch Blvd Gardnerville, NV 89410		23b. LICENSE NUMBER 9086		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) BLAISE SATIRIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Coronary Atherosclerosis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000817049



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 26 2020

Blaise Satiriano
STATE REGISTRAR
Administrator

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

VRS-Rev-20120523a

