

DOUGLAS COUNTY, NV **2020-959012**
Rec:\$40.00
\$40.00 Pgs=3 12/28/2020 01:05 PM
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

JoJean Crain
302 Abney Ave
Harrison, AR 72601

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2008993-RLT
APN No.: 1420-28-310-042

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Rodney Crain, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That James Thomas Crain the decedent mentioned in the attached copy of the Certificate of Death, is the same person as James T. Crain named as one of the Grantees in that certain Deed from Shannon M. Albert, a married woman as her sole and separate property to James T. Crain and JoJean Crain, husband and wife as joint tenants recorded as Instrument No. 2019-937862, on 11-8-2019 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: December 22, 2020

Rodney Crain
Rodney Crain

STATE OF Arkansas
COUNTY OF Boone } SS:

This instrument was acknowledged before me on December 24, 2020
by Rodney Crain

Bridget B. Osswald
NOTARY PUBLIC

BRIDGET B. OSSWALD
MARION COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires February 14, 2021
Ccmmission No. 12380788

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

FILE NUMBER 2020034111

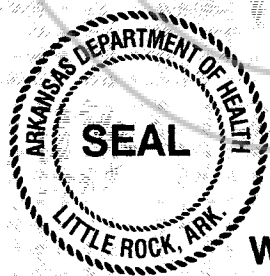
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JAMES THOMAS CRAIN		2. SEX MALE	3a. DATE OF DEATH DEC 3, 2020	3b. TIME OF DEATH 0229
4. SOCIAL SECURITY NO. 9526	5a. AGE - Last Birthday 79	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH NOVEMBER 07, 1941
7a. RESIDENCE STATE or FOREIGN COUNTRY ARKANSAS		7b. COUNTY BOONE	7c. CITY OR TOWN HARRISON	
8d. NUMBER AND STREET 302 ABNEY AVE		8e. APT. NO.	8f. ZIP CODE 72601-6379	8g. INSIDE CITY LIMITS? YES
9. EVER IN US ARMED FORCES? NO	10. MARITAL STATUS AT TIME OF DEATH MARRIED		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.) JOJEAN PENNINGTON	
12a. IF DEATH OCCURRED IN A HOSPITAL INPATIENT		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		12c. COUNTY OF DEATH WHITE
12d. FACILITY NAME (If not institution, give number & street) UNITY HEALTH - WHITE CO MED CTR		12e. CITY OR TOWN SEARCY		12f. ZIP CODE 72143-4810
13. FATHER'S NAME (First, Middle, Last) JAMES CRAIN		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MILDRED ATKINS		
15a. INFORMANT'S NAME RODNEY CRAIN		15b. RELATIONSHIP TO DECEDENT SON	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 302 ABNEY AVE, HARRISON, AR, 72601-6379	
16a. METHOD OF DISPOSITION: BURIAL, REMOVAL FROM STATE				
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ROLLING HILLS MEMORIAL PARK		16c. LOCATION: CITY, TOWN, AND STATE RICHMOND, CALIFORNIA		
17a. EMBALMER'S NAME OLEN BARRY GLADDEN		17b. EMBALMER'S LICENSE # 22203	17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT) <i>/s/ OLEN BARRY GLADDEN</i>	
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY POWELL FUNERAL HOME - SEARCY 2602 BEEBE-CAPPS EXPRESSWAY, SEARCY, AR, 72143				17e. LICENSE # 035
18a. DATE PRONOUNCED DEAD DEC 3, 2020	18b. TIME PRONOUNCED DEAD 0249	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) SIBIN NAIR, MD		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES
20. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ALZHEIMER'S DEMENTIA <small>Due to (or as a consequence of)</small>				APPROXIMATE INTERVAL: Onset to Death YEARS
b. _____ <small>Due to (or as a consequence of)</small>				
c. _____ <small>Due to (or as a consequence of)</small>				
d. _____ <small>Due to (or as a consequence of)</small>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				21a. WAS AN AUTOPSY PERFORMED? NO
				21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
22. MANNER OF DEATH NATURAL				
23. DID TOBACCO USE CONTRIBUTE TO DEATH? NO		24. IF FEMALE:		
25a. DATE OF INJURY (Mo/Day/Yr)	25b. TIME OF INJURY	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		25d. INJURY AT WORK?
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)				25f. DESCRIBE HOW INJURY OCCURRED:
				25g. IF TRANSPORTATION INJURY, SPECIFY
26a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred due to the cause(s) and manner stated.				
SIGNATURE: <i>/s/ DANIEL KEITH PACE</i>		TITLE: MD	DATE: DECEMBER 11, 2020	
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) DANIEL KEITH PACE, MD 3214 E. RACE, SEARCY, AR, 72143				26c. LICENSE # E-3859
27a. SIGNATURE OF REGISTRAR <i>Shirley Louie</i>			27b. FOR REGISTRAR ONLY - DATE FILED DEC. 11, 2020	

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER

+ DENOTES AMENDED ITEMS:

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.



DEC 11 2020

7175523

Shirley Louie
State Registrar

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

Escrow No.02008993 RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 69, Block D, set forth on the Final Map for SARATOGA SPRINGS ESTATES UNIT NO. 4, a Planned Unit Development, recorded on May 19, 2000, in Book 0500 of Official Records, Page 4445, Douglas County, Nevada as Document No. 492337 and Amended by Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169, Official Records.

APN: 1420-28-310-042

