

APN: 1320-02-001-012

After recording return to:
Jaymee J. Willison
2513 East Valley Road
Minden, NV 89423
File No. ARS-44599

Mail Tax Statements to:
Jaymee J. Willison
2513 East Valley Road
Minden, NV 89423

AFFIDAVIT OF DECEASED JOINT TENANT

ARS-44599

STATE OF NEVADA
COUNTY OF DOUGLAS

BEFORE ME, the undersigned Notary Public, personally appeared Jaymee J. Willison, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Jaymee J. Willison and I reside at 2513 East Valley Road, Minden, NV 89423.
2. I owned real property as a joint tenant with Arthur R. Evans, who, at the time of his demise, was one of the owners of such real property located in Douglas County, State of Nevada, described as follows:

All that portion of the Southwest 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B. & M., described as follows: Parcel B, as shown on the filed Parcel Map for Frederick K. Dudley, recorded January 11, 1977, in Book 177 of Official Records, at Page 386, Document No. 06045, Douglas County, Nevada.

Being the same property conveyed to Jaymee J. Willison, an unmarried woman and Arthur R. Evans, an unmarried man, as joint tenants from Jaymee Jean Willison, a single woman by Bargain and Sale Deed dated May 22, 2012 and recorded June 15, 2012 among the Land Records of Douglas County, State of Nevada in Book 612, Page 3712 Instrument No. 804122.

Property Address: 2513 East Valley Road, Minden, NV 89423

3. Arthur R. Evans, who is one in the same person as Arthur Ray Evans, my joint tenant, departed this life on 04/12/2018 as evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the surviving joint tenant of the property described herein.

Dated this 19 day of December, 2020.


Jaymee J. Willison

Subscribed and sworn to before me this 19 day of December, 2020 by Jaymee J. Willison.


Notary Public

My Commission Expires: 09/24/2022

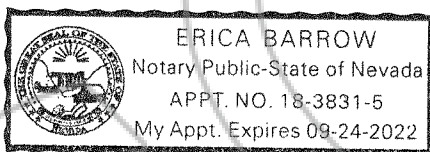


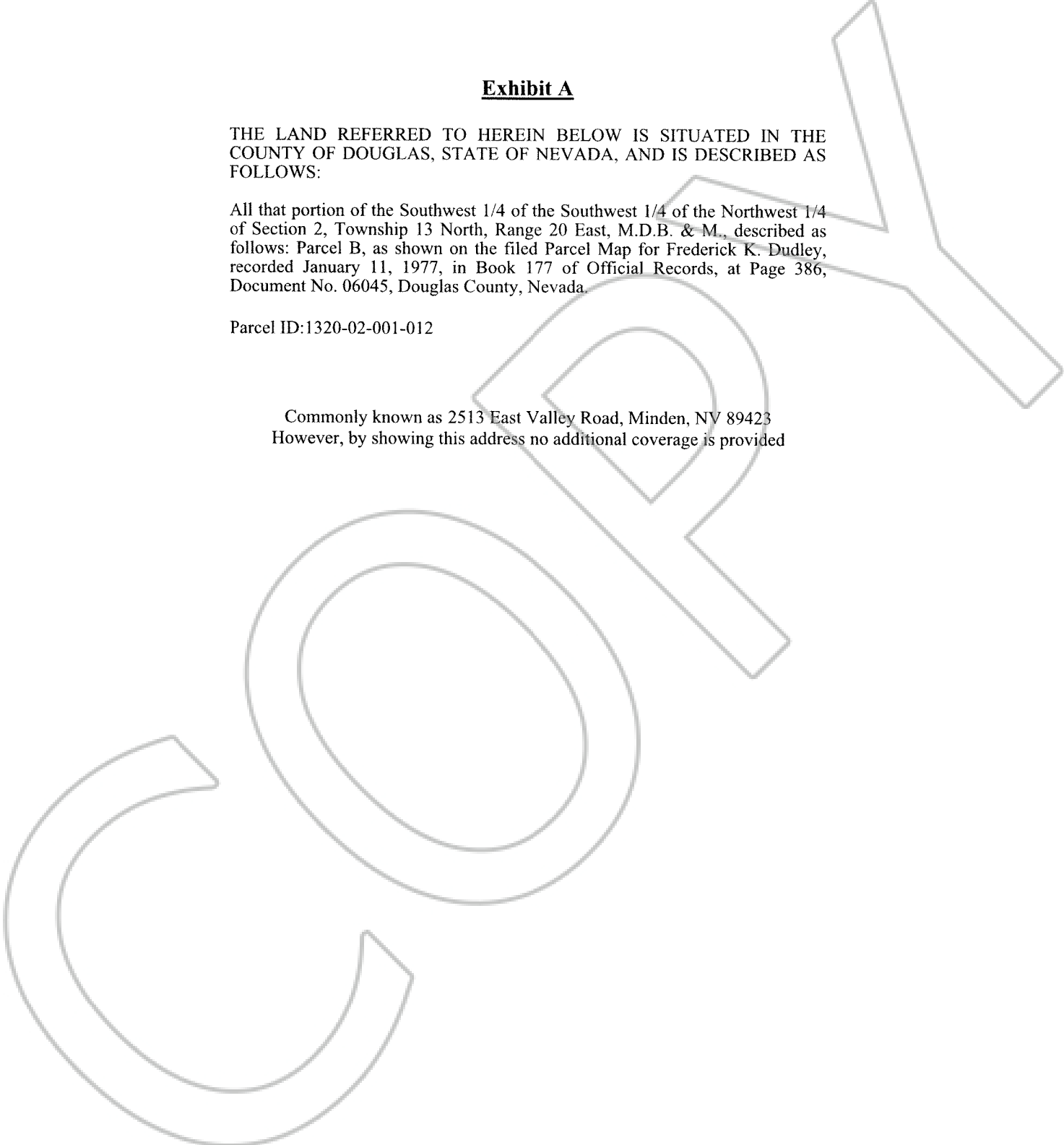
Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

All that portion of the Southwest 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B. & M., described as follows: Parcel B, as shown on the filed Parcel Map for Frederick K. Dudley, recorded January 11, 1977, in Book 177 of Official Records, at Page 386, Document No. 06045, Douglas County, Nevada.

Parcel ID:1320-02-001-012

Commonly known as 2513 East Valley Road, Minden, NV 89423
However, by showing this address no additional coverage is provided



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4014434

CERTIFICATE OF DEATH

2018007764
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Arthur Ray EVANS			2. DATE OF DEATH (Mo/Day/Year) April 12, 2018		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) 2513 East Valley Rd		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1936					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced	
	12. SOCIAL SECURITY NUMBER ██████████-5845		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY Pest Control		Ever in US Armed Forces? No
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2513 East Valley Rd	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		18. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Jaymee WILLISON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2513 East Valley Rd Minden, Nevada 89423					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City of Town State Carson City Nevada 89706		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
	TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED GRANT P ANDERSON MD			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)				
	21b. DATE SIGNED (Mo/Day/Yr) April 21, 2018		21c. HOUR OF DEATH 09:00		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson MD 5345 Reno Corporate Dr Reno, NV 89511					23b. LICENSE NUMBER 3156		
CAUSE OF DEATH	24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2018		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 (a) Atherosclerotic Vascular Disease Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between onset and death							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death-but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
	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

000717480



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: **APR 30 2018**

Julie Ketchum
STATE REGISTRAR

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

