DOUGLAS COUNTY, NV

Rec:\$40.00

\$40.00 Pgs=4

**2021-967690** 05/19/2021 10:26 AM

ETRCO

KAREN ELLISON, RECORDER

| Recording Requested 1 eTRCo, LLC.                        | Ву:   |
|--|---|
| When Recorded Mail 7 Michael D. Jacobs 716 Bluerock Road | Го:   |
| Gardnerville, NV 89460                                   |   |
| Mail Tax Statements to same as above                     | o: (deeds only)   |
|  | (space above for Recorder's use only)   |
|  |   |
|  | affirm that the attached document, including any exhibits, hereby submitted the social security number of a person or persons. (Per NRS 440.380 (1)(5 |
| Signature  | & 40.525 (5))   |
|  | Sherry Ackermann Escrow Officer   |
|  |   |
|  | Affidavit Death of Joint Tenant   |
| This page added  | to provide additional information required by NRS 111.312   |

(additional recording fee applies)

**APN#**: 1220-21-610-237

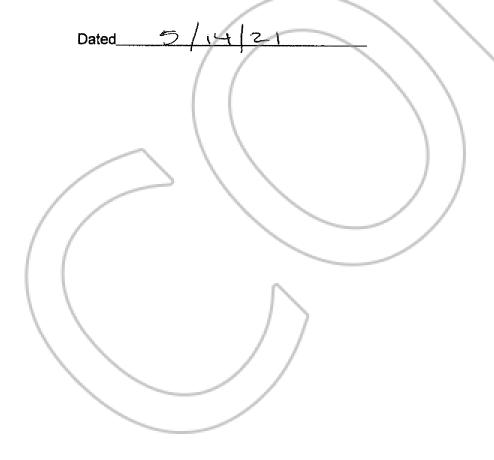
## **AFFIDAVIT - DEATH OF JOINT TENANT**

Eva M. Jacobs and Michael D. Jacobs, of legal age, being first duly sworn, deposes and says:

That Lyle D. Jacobs, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lyle D. Jacobs named as one of the parties in that certain Grant, Bargain and Sale Deed dated executed by Danny H. Holsten and Louise Y. Holsten, husband and wife as joint tenants to Lyle D. Jacobs and Eva M. Jacobs, husband and wife as joint tenants and Michael D. Jacobs, an unmarried man all together as joint tenants as joint tenants, recorded as instrument No. 385514, on 4/16/1996, in Book496, Page 2631, 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 413 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada on May 29, 1973, in Book 573, Page 1026, as File No. 66512.



Michael D. Jacobs, Surviving Joint Tenant STATE OF NEVADA }SS COUNTY OF Douglas This instrument was acknowledged before me on\_ by Eva M. Jacobs and Michael D. Jacobs LISA VOCELKA

Notary Public-State of Nevada

Appointment No. 10-2014-5

My Appointment Expires May 31, 2022

## STATE OF NEVADA

## CERTIFICATION OF AUTAINTECORD

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

| White No  9a. STATE OF BIRTH (if not US/CA, name country)   IOWa   United State  13. SOCIAL SECURITY NUMBER   14a, USUAL OCCUPATION  15a. RESIDENCE - STATE   15b. COUNTY    Nevada   Douglas    16. FATHER/PARENT - NAME (First Middle Last Suffix)    Clement JACOBS    18a. INFORMANT - NAME (Type or Print)    EVA JACOBS    19a. BURIAL CREMATION, REMOVAL, OTHER (Specify)   19b. C    Cremation    20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S TAMAR R BEAULAC    SIGNATURE AUTHENTICATED    TRADE CALL - NAME AND ADDRESS    \$\frac{1}{2} \frac{2}{2} \frac{1}{2} \fr                                       | Carson Nursing and Re nic Origin? Specify o - Non-Hispanic (Years) 12 10N (Give Kind of Work Done Du Supervisor: 15c CITY, TOWN OR LOCATION Gardnerville  18b MAILING ADDRESS  EMETERY OR CREMATORY - Fitzhenry's  | If not either, give street a ehab 3E-Last birthday 75: UNIC 3E-Last birthday 75: UNIC 3C-Last bi | OF DEATH (Mo/Day/Year)  January 18, 2020  In 3e if Hosp or Inst. indicate DC Inpatient(Specify)  Inpatient | nt Male  1 B. DATE OF BIRTH (Mo/Day/rr)  June 24, 1933  MME (Last name prior to first marriage)  a KNERR  Ever in US Armed Forces? Yes  Ise. INSIDE CITY LIMITS (Specify Yes or No) Yes  ourflix)  DN  a 89460  City or Town State on City Nevada 89701  of Reno   |
|---|--|--|--|--|
| Lyle Dean  3b. City, Town, OR LOCATION OF DEATH   3c. HOSPITAL OR number)  Carson City  5. RACE (Specify)  White  9a. STATE OF BIRTH (if not US/CA, name country)   Iowa   14a. USUAL OCCUPATION    13. SOCIAL SECURITY NUMBER   14a. USUAL OCCUPATION    Novada   Douglas    16. FATHER/PARENT - NAME (First Middle Last Suffix)    Nevada   Douglas    16. FATHER/PARENT - NAME (First Middle Last Suffix)    Clement JACOBS    18a. INFORMANT-NAME (Type or Print)    EVA JACOBS    19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)   19b. C    Cremation    20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S TAMAR R BEAULAC    SIGNATURE AUTHENTICATED    TRADE CALL - NAME AND ADDRESS    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift occurred in the lift of the process    \$\frac{1}{2} 21a. To the best of my knowledge, death occurred at the lift occurred in the lift occu                                 | COTHER INSTITUTION -Name(IF Carson Nursing and Re nic Origin? Specify o - Non-Hispanic (Years) COUNTRY 10 EDUCATION 11. BS 12 ION (Give Kind of Work Done Du Supervisor 15c. CITY TOWN OR LOCATION Gardnerville  18b. MAILING ADDRESS EMETERY OR CREMATORY - Fitzhenry's Such) 20b. FUNERAL DIREC LICENSE NUMBER | If not either, give street a ehab 3E-Last birthday 75: UNIC 3E-Last birthday 75: UNIC 3C-Last bi | January 18, 2020  Ingatient (Specify) Inpatie  DER 1 YEAR 72. UNDER 1 DAY  DAYS HOURS MINS  1) 12. SURVIVING SPOUSES NA  EVA  KIND OF BUSINESS OR INDUS  Technology  D NUMBER  ROCK ROAD  NAME (First Middle Last S  Goldie WALTO  City or Town, State, Zip)  and Gardnerville, Nevada  196. LOCATION  Carso  ADDRESS OF FACILITY  Neptune Society   | Carson City DA, OP/Emer Rm. 4, SEX Male  1 B. DATE OF BIRTH (Mo/Day/Yr) June 24, 1933 BME (Last name prior to first marriage) A KNERR  STRY Ever in US Armed Forces? Yes Ise inside City LIMITS (Specify Yes) or No) Yes  Suffix) DN  2 89460 City or Town State on City Nevada 89701 of Reno  |
| 3b. City, Town, OR LOCATION OF DEATH 3c. HOSPITAL OR number)  Carson City  S. RACE (Specify)  White  9a. STATE OF BIRTH (if not US/CA, name country)  10wa  13. SOCIAL SECURITY NUMBER  14a. USUAL OCCUPATI  15a. RESIDENCE - STATE  15b. COUNTY  Nevada  Douglas  16. FATHER/PARENT - NAME (First Middle Last Suffix)  Clement JACOBS  18a. INFORMANT-NAME (Type or Print)  EVA JACOBS  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)  19b. C  Cremation  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S  TAMAR R BEAULAC  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the lift.  | COTHER INSTITUTION -Name(IF Carson Nursing and Re nic Origin? Specify o - Non-Hispanic (Years) COUNTRY 10 EDUCATION 11. BS 12 ION (Give Kind of Work Done Du Supervisor 15c. CITY TOWN OR LOCATION Gardnerville  18b. MAILING ADDRESS EMETERY OR CREMATORY - Fitzhenry's Such) 20b. FUNERAL DIREC LICENSE NUMBER | If not either, give street a chab  SE Last birthday 75: UNE SE Last birthday 75: UNE SE Last birthday 75: UNE SE Last birthday 76: UNE SE Last birthday 76: UNE MOST MOST MOST MOST MOST MOST MOST MOST  | IT3e If Hosp, or Inst. Indicate DC Inpatient(Specify) Inpatient In | DA, OP/Emer, Rm. 4, SEX  Int Male  B. DATE OF BIRTH (Mo/Day/Yr)  June 24, 1933  MEL(Last hame prior to first marriage)  A KNERR  Ever in US Armed Forces? Yes  Ise inside city Limits (specify Yes or No)  ON  B 89460  City or Town State  On City Nevada 89701  of Reno  |
| T Carson City   number)  T Carson City   S. Hispar   S. RACE (Specify)   White   S. Hispar   No    92. STATE OF BIRTH (if not US/CA, name country)   IOWA   United State    13. SOCIAL SECURITY NUMBER   14a, USUAL OCCUPATION    15a, RESIDENCE - STATE   15b, COUNTY   Douglas    15a, RESIDENCE - STATE   15b, COUNTY   Douglas    16. FATHER/PARENT - NAME (First Middle Last Suffix)    16. FATHER/PARENT - NAME (Type of Print)   EVA JACOBS    18a, INFORMANT - NAME (Type of Print)   EVA JACOBS    19a, BURIAL, CREMATION, REMOVAL, OTHER (Specify)   19b, C    Cremation    20a, FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S TAMAR R BEAULAC    SIGNATURE AUTHENTICATED    TRADE CALL - NAME AND ADDRESS    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 21a. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 3. To the best of my knowledge, death occurred at the life of the print    \$\frac{1}{2}\$ 3. To the best of my knowledge    \$\frac{1}{2}\$ 4. To the best of my knowledge    \$\fr | Carson Nursing and Re nic Origin? Specify 173. AG 175. Non-Hispanic 176. COUNTRY 10 EDUCATION 111. 185. 12 10N (Give Kind of Work Done Du Supervisor 15c. CITY, TOWN OR LOCATION 186. MAILING ADDRESS 186. MAILING ADDRESS 186. Fitzhenry's 186. Funeral Direct LICENSE NUMBER                                   | ehab  3E-Last birthday 7b: UNIC 3C-Last birthday 7b: UNIC MOS  86  MARITAL STATUS (Specify Married  Uning Most of 14b  150, STREET AN  609 Blue F  17. MOTHER/PARENT.  (Street or R.F. D. No. 609 Blue Rock Ro NAME Crematory  CTOF 20c. NAME AND  | Inpatient(Specify) Inpatie  DER 1 YEAR 7C. UNDER 1 DAY  DAYS HOURS MINS  12: SURVIVING SPOUSE'S NA EVE  KIND OF BUSINESS OR INDUS  Technology  D NUMBER  ROCK ROAD  NAME (First Middle Last S  Goldie WALTO  City or Town, State, Zip)  and Gardnerville, Nevada  19c. LOCATION  Carso  ADDRESS OF FACILITY  Neptune Society   | nt Male  1 B. DATE OF BIRTH (Mo/Day/rr)  June 24, 1933  MME (Last name prior to first marriage)  a KNERR  Ever in US Armed Forces? Yes  Ise. INSIDE CITY LIMITS (Specify Yes or No) Yes  ourflix)  DN  a 89460  City or Town State on City Nevada 89701  of Reno   |
| 5. RACE (Specify)  White  9a. STATE OF BIRTH (if not US/CA, name country)  10wa  United State  13. SOCIAL SECURITY NUMBER  14a. USUAL OCCUPATI  15a. RESIDENCE - STATE  Nevada  Douglas  16. FATHER/PARENT - NAME (First Middle Last Suffix)  Clement JACOBS  18a. INFORMANT- NAME (Type or Print)  EVA JACOBS  19a. BURIAL CREMATION, REMOVAL, OTHER (Specify)  NO  Cremation  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S  TAMAR R BEAULAC  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  TAME (21a. To the best of my knowledge, death occurred at the time.)   | nic Origin? Specify 1- Non-Hispanic 1- Non-Hispanic 1- Non-Hispanic 1- Non-Hispanic 1- 12 1- 12 1- 15  | SE Last birthday 75: UNICS)  88  MARITAL STATUS (Specify Married)  Wining Most of 14b  150. STREET AN 609 Blue F  17. MOTHER/PARENT.  (Street or R.F. D. No. 609 Blue Rock Ro NAME.  CTOF 20c. NAME AND  | DAYS HOURS MINS  12: SURVIVING SPOUSE'S IN EVE EVE KIND OF BUSINESS OR INDUS Technology D NUMBER ROCK ROAD NAME (First Middle Last S Goldie WALTO City or Town, State, Zip) and Gardnerville, Nevada 13c LOCATION Carso ADDRESS OF FACILITY Neptune Society  | June 24, 1933  ME (Lust name prior to first marriage)  KNERR  STRY Ever in US Armed Forces? Yes  Its. INSIDE CITY LUMITS (Specily Yes or No) Yes  ON  City or Town State on City Nevada 89701  of Reno   |
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| 13. SOCIAL SECURITY NUMBER: 14a. USUAL OCCUPATION 15a. RESIDENCE - STATE 15b. COUNTY  Nevada Douglas  16. FATHER/PARENT - NAME (First Middle Last Suffix)  Clement JACOBS  18a. INFORMANT: NAME (Type or Print)  EVA JACOBS  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. C  Cremation  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S  TAMAR R BEAULAC  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  \$\frac{2}{2}\$ 21a. To the best of my knowledge, death occurred at the little state of the signature authenticated of the little state of the signature authenticated of the little state of the signature authenticated of the signatur                                      | ON (Give Kind of Work Done Du Supervisor  Supervisor  Sardnerville  Gardnerville  18b. MAILING ADDRESS  EMETERY OR CREMATORY  Fitzhenry's  Such)  20b. FUNERAL DIRECT LICENSE NUMBER   | uring Most of 14b.  15d, STREET AN 609 Blue F 17. MOTHER/PARENT.  (Street or R.F.D. No. 609 Blue Rock Ro NAME. Crematory  CTOF 20c. NAME AND   | KIND OF BUSINESS OR INDUS Technology D NUMBER ROCK ROAD NAME (First Middle Last S Goldie WALTO City or Town, State, Zip) and Gardnerville, Nevada 15c LOCATION Carso ADDRESS OF FACILITY Neptune Society   | EVER IN US Armed Forces? Yes Iss. INSDECTIV LIMITS (Specify Yes or No) Yes ON ON City or Town State on City Nevada 89701   |
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| TAMAR R BEAULAC  SIGNATURE AUTHENTICATED  FRADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death occurred at the time.  | LICENSE NUMBER   | THE TAPE   | Neptune Society  | 1  |
| TRADE CALL - NAME AND ADDRESS   | FD870  | 5  | 890 S Virginia St. Suite 4-E   | Reno NV 89502  |
| 21a. To the best of my knowledge, death occurred at the time  | AND THE STATE OF THE SECOND  | 1 7 7  |  |  |
| The the commeter stated (Clauseure & Wille)   |  | rênya Newson   |  |  |
|   | ne, date and place and due   |  | examination and/or investigation, in   |  |
| NITA SCHWARTZ MI  | URE AUTHENTICATED  | ≗ at the time, date and ρ  | state and due to the cause(s) state  | d (Signature & Title)  |
| 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR O  |  | 226. DATE SIGNE  | D (Mb/Dav/Yr) 22c  | HOUR OF DEATH  |
| January 27, 2020  | 11:45  | E Z  |  |  |
| # 210 NAME OF ATTENDING PHYSICIAN IF OTHER THAN   | N CERTIFIER  | 22d. PRONOUNCE   | ED DEAD (Mo/Day/Yr) 22e  | PRONOUNCED DEAD AT (Hour)  |
| 유뜻 (Type or Prinit)   |  |  |  | - 1  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTEN  | NDING PHYSICIAN, MEDICAL EX  | XAMINER, OR CORON  | (ER) (Type or Print)   | 23b. LICENSE NUMBER  |
| Nita Schwartz MD 710 W  |  |  |  | 9114   |
| 4a REGISTRAR (Signature) CELESTE RAMIRE   |  | DATE RECEIVED BY RE  |  | DUE TO COMMUNICABLE DISEASI  |
| SIGNATURE AUTHENT   | IICATED  | <sup>lay/Yr)</sup> January 2   | 8, 2020 YE   | s 🛛 NO 🗌   |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE P   | ER LINE FOR (a), (b), AND (c).)  | )  |  | interval between onset and deat  |
| PART   Cerebral Atherosclerosis   |  | . mås - as-  |  | 1  |
| DUE TO, OR AS A CONSEQUENCE OF  |  |  |  | Interval between onset and death   |
| (b)   | filay i Bay  |  | William W. William   |  |
| DUE TO, OR AS A CONSEQUENCE OF  |  | TWO INTO THE TOTAL   |  | Interval between onset and death   |
|   |  |  |  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   | /  | <del></del>  |  | Interval between caset and deat  |
|   | an di  | viv.   |  |  |
| (a) PART II OTHER SIGNIFICANT CONDITIONS Conditions contributions   | ution to death but not resulting in  | n the undedwing course o   | iven in Part 1   | 105V (Special 27 18/46 CASE  |
| PACT II OTHER SIGNATIONAL CONDITIONS CORRECT  | entand to abatti not tipi teaniqua ju  | r are underlying cause g   | Yes or No  | OPSY (Specifize, WAS CASE<br>REFERRED TO CORONE<br>(Specify Yes of No) NO  |



CERTIFIED COPY OF VITAL RECORDS

28g. LOCATION

STREET OR R.F.D. No.

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.

28f. PLACE OF INJURY- At home, farm, street, factory, office

DATE ISSUED:

28a. INJURY AT WORK (Specify

1/29/2020

building, etc. (Specify)

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



STATE

