

APN# 1220-21-610-022

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Connie & Paul Campbell

Address: 718 Bluerock Rd

City/State/Zip: Gardnerville NV 89460

AFFIDAVIT TERMINATING JOINT TENANCY

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.P.N.: 1220-21-610-022  
File No: 143-2628093 (et)

When Recorded return to, and mail Tax Statements to:  
Connie M. Campbell and Paul S. Campbell  
718 Bluerock Rd  
Gardnerville NV 89460

## AFFIDAVIT - TERMINATING JOINT TENANCY


**Connie M. Campbell and Paul S. Campbell**, of legal age, being first duly sworn, deposes and says:

That **Kathleen Baker**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Kathleen Baker** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **10/10/2019** executed by **Kathleen Baker** to **Connie M. Campbell and Paul S. Campbell and Kathleen Baker** as joint tenants, recorded as Document No. **2019-937011** on **10/22/2019** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 342, OF GARDNERVILLE RANCHOS UNIT NO. 6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS FILE NO. 66512.**

 9/8/21

Connie M. Campbell and Paul S. Campbell Date

 9.8.2021  
Paul S. Campbell


STATE OF **NEVADA** )  
 )  
 ) :ss.  
COUNTY OF **DOUGLAS** )

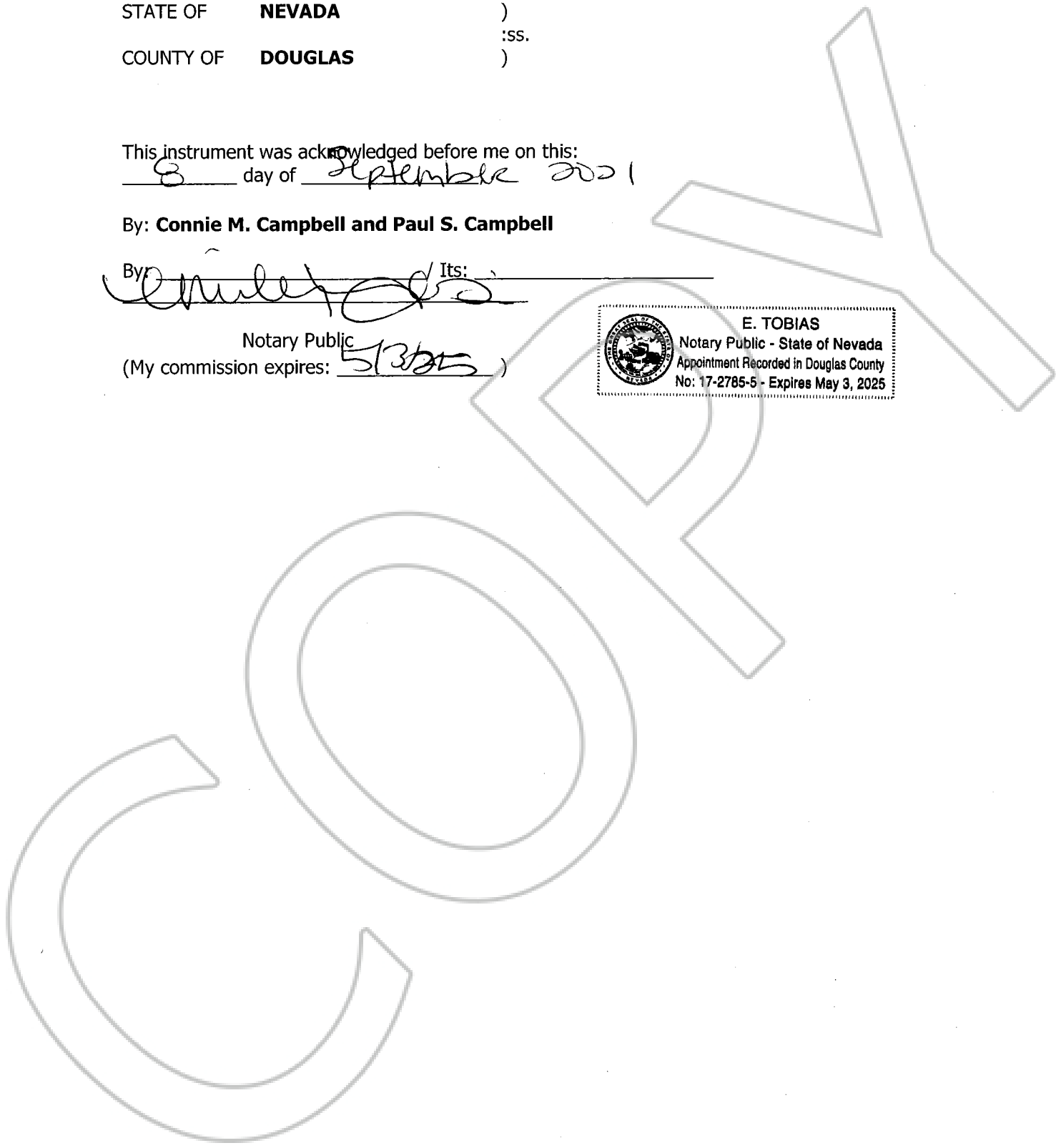
This instrument was acknowledged before me on this:  
8 day of September 2021

By: **Connie M. Campbell and Paul S. Campbell**

By: *[Signature]* Its: \_\_\_\_\_

Notary Public  
(My commission expires: 5/3/25)

 **E. TOBIAS**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 17-2785-5 - Expires May 3, 2025



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4115844

**CERTIFICATE OF DEATH**

2019024178  
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) <b>Kathleen Gail BAKER</b>			2. DATE OF DEATH (Mo/Day/Year) <b>November 25, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>764 Bluerock Road</b>		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>65</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>HOURS</b>	7d. UNDER 1 DAY <b>MIN</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER <b>██████████ 3367</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>764 Bluerock Road</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward Jerome COSGRIFF JR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara Ellen JOHNSON</b>			
18a. INFORMANT- NAME (Type or Print) <b>Terri Leigh SEVILLA</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>755 Taft Avenue #C Albany, California 94706</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>			
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)			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) <b>JUSTIN FRICKE</b> <b>SIGNATURE AUTHENTICATED</b>			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) <b>December 04, 2019</b>		22c. HOUR OF DEATH <b>16:51</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 25, 2019</b>		22e. PRONOUNCED DEAD AT (Hour) <b>16:51</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Justin Fricke P O Box 218 Minden, NV 89423</b>					23b. LICENSE NUMBER <b>0523</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 10, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Pending</b>						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b)						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c)						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d)						
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) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>						
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>PENDING INVEST.</b>	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 <b>Nevada</b>	

000797574



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: 12/17/2019

*Justin Fricke*  
**Administrato**STRAR

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

