

<b>A.P.N. No.:</b>	1318-23-811-010
<b>File No.:</b>	1508498 WLD
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Nancy K. Corbett	
3228 Chico River Rd.	
Chico, CA 95928	

DOUGLAS COUNTY, NV	<b>2022-979518</b>
Rec:\$40.00	
\$40.00 Pgs=4	01/07/2022 12:25 PM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

**Affidavit Death of Joint Tenants**  
(Title of Document)

**Please complete Affirmation Statement below:**

- 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 as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Signature



Escrow Officer

Title

Wendy Dunbar  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

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**AFFIDAVIT - DEATH OF JOINT TENANT**

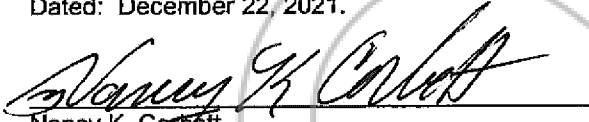
State of California                    )  
   ) ss  
 County of El Dorado County        )

Nancy K. Corbett, of legal age, being first duly sworn, deposes and says: That Inez Pricilla Jones, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Inez P. Jones named as one of the parties in that certain Grant Deed dated May 25, 1977 executed by B & L Construction, a partnership to Robert E. Jones and Inez P. Jones, husband and wife as joint tenants, recorded as Document No. 09602, on May 27, 1977 in Book 577, Page 1577 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

Situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 17 in Block G of the FIRST ADITION OF KINGSBURY MEADOWS SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 17, 1957, as Document No. 12441.

Dated: December 22, 2021.

  
 \_\_\_\_\_  
 Nancy K. Corbett

State of \_\_\_\_\_ )  
   ) ss  
 County of \_\_\_\_\_ )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2021  
 By: Nancy K. Corbett

Signature: \_\_\_\_\_  
 Notary Public

**See Attached California  
 All-Purpose Acknowledgement  
 12/28/2021 K.M.**

# CALIFORNIA CERTIFICATE OF 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 BUTTE )

On DECEMBER 23, 2021 before me, K. MANNING, NOTARY PUBLIC,  
(here insert name and title of the officer)

personally appeared NANCY KATHLEEN CORBETT

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/her/their authorized capacity(ies), and that by his/her/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.



Signature *K. Manning*

(Seal)

## Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) \_\_\_\_\_  
Title(s)

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: \_\_\_\_\_

representing: \_\_\_\_\_  
Name(s) of Person(s) or Entity(ies) Signer is Representing

**Additional Information**

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification     credible witness(es)

Notarial event is detailed in notary journal on:  
 Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

Other

Additional Signer(s)     Signer(s) Thumbprint(s)

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# EL DORADO COUNTY

PLACERVILLE, CALIFORNIA

### CERTIFICATE OF DEATH

3-90-09-000633

36-694

STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3. SEX
		INEZ		PRICILLA	JONES	OCT. 20, 1990		1755	F
DECEDENT PERSONAL DATA	4. RACE	5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS	IF UNDER 15 MINUTES
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SEPT. 28, 1924		66			
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
	OK	U.S.A.	George Lawson		TX	Verdi Brown		OK	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
12 NONE <input checked="" type="checkbox"/>		3415		Married		Robert E. Jones			
18A. USUAL OCCUPATION		18B. USUAL KIND OF BUSINESS OR INDUSTRY		18C. USUAL EMPLOYER		19D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED		
Homemaker		Homemaking		At Home		43	12		
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION				18B. CITY	18C. ZIP CODE			
	186 Pine Dr.				Stateline	89449			
PLACE OF DEATH	18A. USUAL OCCUPATION		18E. NUMBER OF YEARS IN THIS COUNTRY	18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
	Douglas		13	Nevada		Robert E. Jones - Husband P.O. Box 5041 Stateline, NV. 89449			
PLACE OF DEATH	18A. PLACE OF DEATH		18B. IF HOSPITAL, SPECIFY ONE: (E, BR/OP, DOA)	18C. COUNTY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER			
	Barton Mem. Hospital		IP	El Dorado		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIOPSY PERFORMED?			
	4th and South Ave.		So. Lake Tahoe		1 week	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					24A. WAS AUTOPSY PERFORMED?			
	IMMEDIATE CAUSE (A) Pneumonia					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Cachexia				4 Year	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?				
DUE TO (C) Osteoporosis				9 Year	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		Fibromyalgia					
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED	
	8/14/87		10/20/90		Brooks Martin, MD		642705	10/22/90	
CORONER'S USE ONLY	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		
	Brooks Martin, MD, Box 8377, So. Lake Tahoe, CA.								
	30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
STATE REGISTRAR	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
	CR/TR/BU		Eastside Memorial Park Gardnerville, NV		10-24-90		[Signature]		6466
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
Walton's Chapel				[Signature]		10-22-90, M.M			
A.		B.		C.		D.		E.	
								F. CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED 12/13/2021  
COUNTY OF EL DORADO }

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.



[Signature]

EL DORADO COUNTY RECORDER-CLERK

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING SEAL AND SIGNATURE OF COUNTY RECORDER-CLERK.  
PUNCHED (REV. 12/78)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

