

**RECORDING REQUESTED BY:**

ALLING &amp; JILLSON, LTD.

**AND WHEN RECORDED MAIL TO:**ALLING & JILLSON, LTD.  
Post Office Box 3390  
Lake Tahoe NV 89449-3390**AFFIDAVIT OF DEATH OF JOINT TENANT**

JOHN R. PACKER, being first duly sworn, deposes and says:

1. That Affiant JOHN R. PACKER, was a joint tenant with rights of survivorship, with JUNE M. PACKER with respect to certain real property more particularly described below.

2. That said JUNE M. PACKER, deceased, and JOHN R. PACKER are joint tenants with right of survivorship by virtue of that certain Grant, Bargain, Sale Deed, dated May 21, 2003, recorded on May 30, 2003, in the Official Records of Douglas County, Nevada, as Document No. 0578432, wherein Robert Wayne MachPherson was the Grantor and the said JOHN R. PACKER and JUNE M. PACKER, as joint tenants with right of survivorship, were Grantees, the same conveying that certain real property in the County of Douglas, State of Nevada, and more particularly described as follows:

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

APN: 1318-26-101-038

3. That said JUNE M. PACKER died on or about June 20, 2021, in Douglas County, Nevada, and is the identical person named as JUNE E. PACKER in that certain certified copy of the Certificate of Death attached hereto as **Exhibit B**, and incorporated herein by reference.

4. That all of said real property was vested in JOHN R. PACKER upon the death of JUNE M. PACKER as of the date of the death.

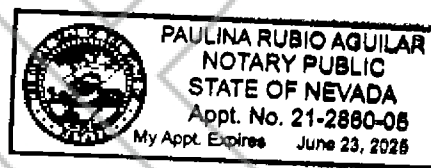
DATED: April 5, 2022

  
\_\_\_\_\_  
JOHN R. PACKER

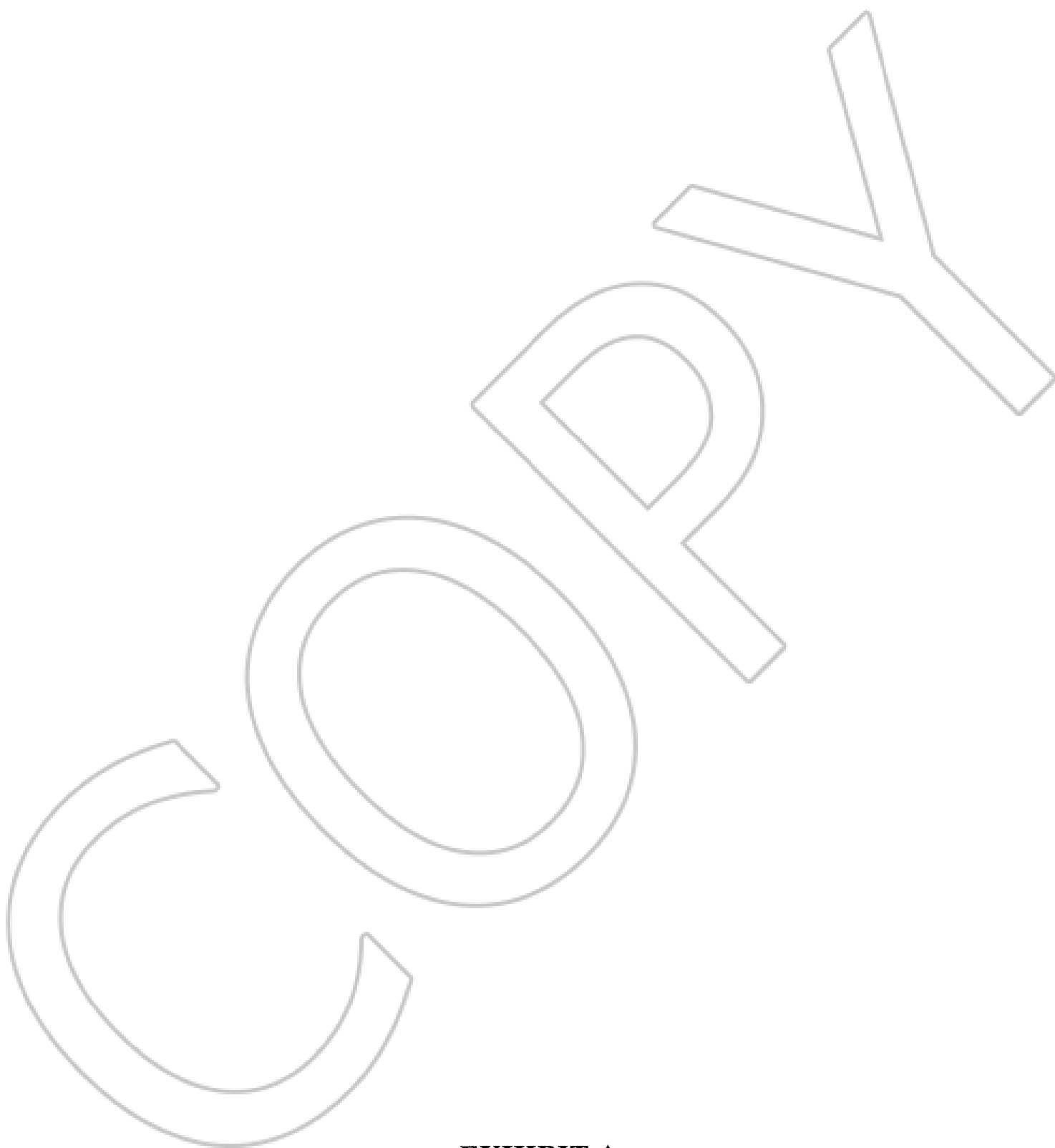
STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of April 2022, by John R. Packer, personally known to me (proved to me on the basis of satisfactory evidence) to be the person who appeared before me.

  
\_\_\_\_\_  
NOTARY PUBLIC



**EXHIBIT A**



**EXHIBIT A**

## LEGAL DESCRIPTION

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA MORE PARTICULARLY DESCRIBED AS FOLLOWS:

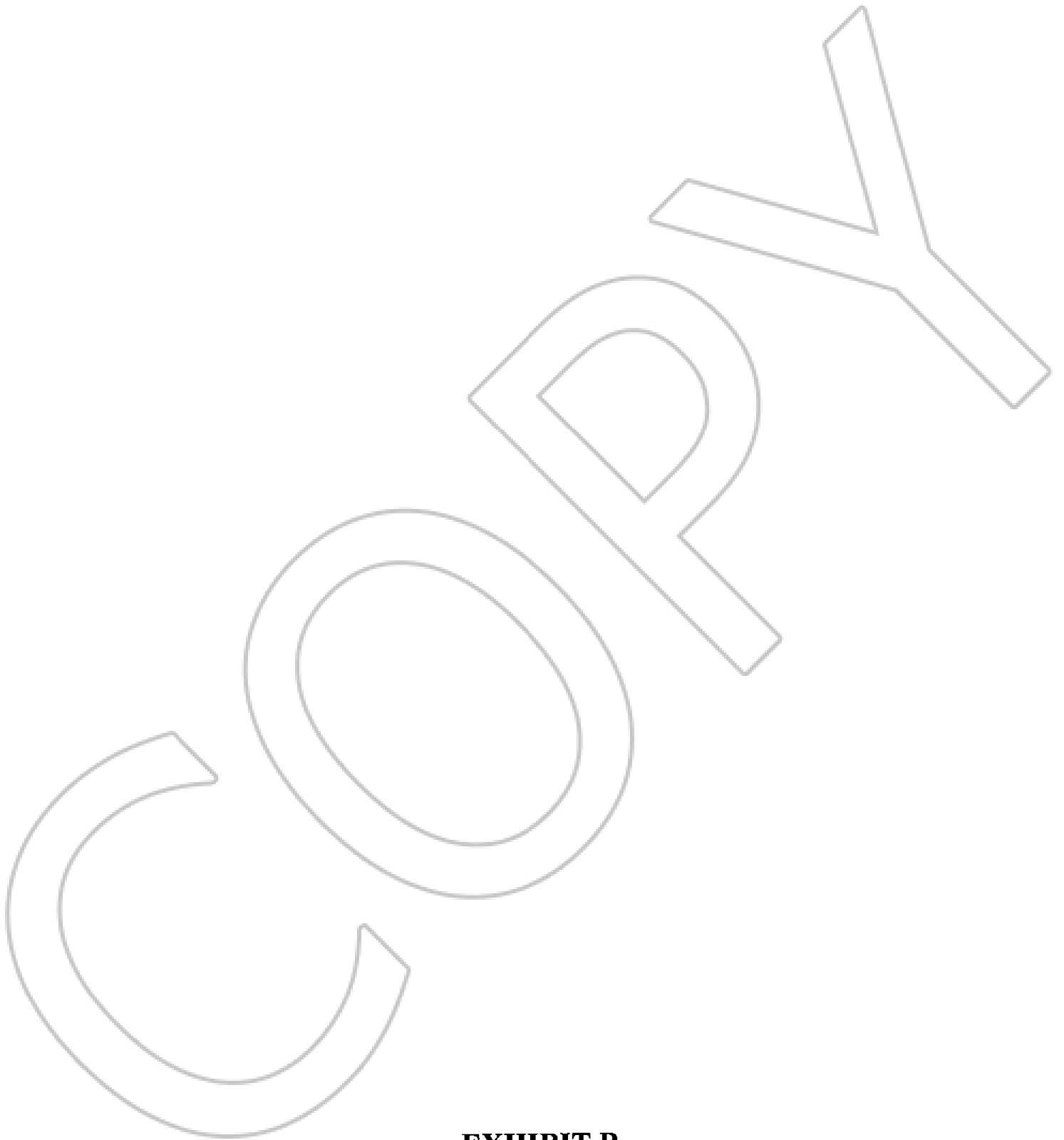
THAT PORTION OF LAND SITUATED SOUTH OF THE KINGSBURY GRADE RIGHT-OF-WAY OF THE PARCEL DESCRIBED AS COMMENCING AT THE QUARTER CORNER COMMON TO SECTIONS 23 AND 26, TOWNSHIP 13 NORTH, RANGE 18 EAST. M. D. B. & M., THENCE FROM SAID POINT OF COMMENCEMENT NORTH 86°46' WEST ALONG THE NORTHERLY LINE OF THE NORTHWEST ¼ OF SAID SECTION 26 A DISTANCE OF 491.40 FEET TO THE POINT OF BEGINNING FOR THIS DESCRIPTION; THENCE FROM SAID POINT OF BEGINNING NORTH 89°46' WEST ALONG THE NORTHERLY LINE OF SAID SECTION 26 A DISTANCE OF 163.80 FEET; THENCE LEAVING SAID LINE SOUTH 0°08' WEST 263.54 FEET; THENCE SOUTH 89°46' EAST 63.80 FEET; THENCE NORTH 0°08' EAST 263.54 FEET TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM THAT PORTION SET FORTH IN FINAL ORDER OF CONDEMNATION RECORDED MAY 22, 1967 IN BOOK 49, PAGE 634, AS DOCUMENT NO. 36310 OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

ALSO EXCEPTING THEREFROM THAT CERTAIN WELL SITE SET FORTH IN DEED RECORDED DECEMBER 1, 1958 IN BOOK D-1 OF DEEDS, PAGE 572, DOUGLAS COUNTY, NEVADA RECORDS AS DOCUMENT NO. 13840.

PER NRS 111.312 THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT DOCUMENT NO. 264757, BOOK 1191, PAGE 1666 ON NOVEMBER 13, 1991.

**EXHIBIT B**



**EXHIBIT B**

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

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

CASE FILE NO. 4192400

**CERTIFICATE OF DEATH**

2021001971  
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) June E PAKER		2 DATE OF DEATH (Mo/Day/Year) January 20, 2021		3a COUNTY OF DEATH Douglas	
3b CITY TOWN OR LOCATION OF DEATH Stalene		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either give street or number) 150 Daggett Way		3e If Hosp. or Inst. indicate DOA,OP, Emer Rm Inpatient(Specify) Home	
4 SEX Female		6 Hispanic Origin? Specify No Non-Hispanic		7a AGE-Last birthday (Years) 81	
5 RACE (Specify) White		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) June 09, 1939		9a STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) John Ricketts PAKER	
13 SOCIAL SECURITY NUMBER -0983		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY HOSPITAL	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY-TOWN OR LOCATION Stalene	
15d STREET AND NUMBER 150 Daggett Way		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Stanley MANSFIELD			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Elisabeth COOPER		
18a INFORMANT - NAME (Type or Print) John Ricketts PAKER			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. BOX 11805 Zephyr Cove, Nevada 89448		
19a BURIAL CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD872		20c NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89708	
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) STEVEN L BROOKS MD SIGNATURE AUTHENTICATED			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) January 25, 2021		21c HOUR OF DEATH 09:20		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		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) Steven L Brooks MD PO Box 5637 Stalene, NV 89449			
23b LICENSE NUMBER 5124		24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 27, 2021		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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology					
Interval between onset and death 2 Years				Interval between onset and death 15 Years	
Interval between onset and death				Interval between onset and death	
Interval between onset and death				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a ACC. SUICIDE, HON. 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	



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:

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

