

RECORD AND REQUESTED BY:

GODEEDS, INC.

Attn: LegalZoom Dept.

8940 Main Street

Clarence, NY 14031

File No. 563213136-76469868

This document prepared by:

Frank P. Dec, Esq.

8940 Main St.

Clarence, NY 14031

866-333-3081

Tax ID No.: 1420-26-401-021

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF NEVADA
COUNTY OF Douglas

BEFORE ME, the undersigned Notary Public, personally appeared Gilbert E. Jewell, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his oath and affirmation, the following:

- 1. My Name is Gilbert E. Jewell and I reside at 2843 Henning Lane, Minden, NV 89423.
- 2. I owned real property as a joint tenant with Louise Jewell, a/k/a Nellie L. Jewell, a/k/a Nellie Jewell, my spouse, who, at the time of her demise, was one of the owners of such real property located in Douglas County, State of NEVADA, as evidenced in a Grant Deed from Thomas L. Gardner to Gilbert E. Jewell and Louise Jewell, a/k/a Nellie L. Jewell, a/k/a Nellie Jewell, his wife, as joint tenants, recorded 07/17/1974 under Book 774, Page 437, further described as follows:

SEE ATTACHED EXHIBIT A

- 3. Louise Jewell, a/k/a Nellie L. Jewell, a/k/a Nellie Jewell, my joint tenant and deceased spouse, departed this life on 10/23/2017. As evidenced by a copy of the death certificate of the deceased attached hereto.

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

Dated this 14th day of August, 2023

Gilbert Edward Jewell

Gilbert E. Jewell

STATE OF Nevada

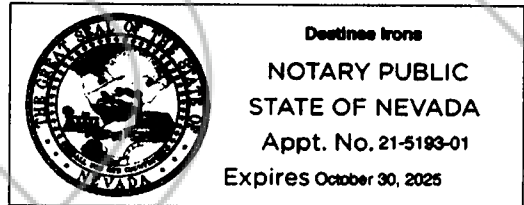
COUNTY OF Clark

Subscribed and sworn to (or affirmed) before me this 14th day of August, 2023 by Gilbert E. Jewell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Destinee Irons Destinee Irons

Notary Public
(Seal)

Commission Expires: 10/30/2025



Notarial act performed by audio-video communication.

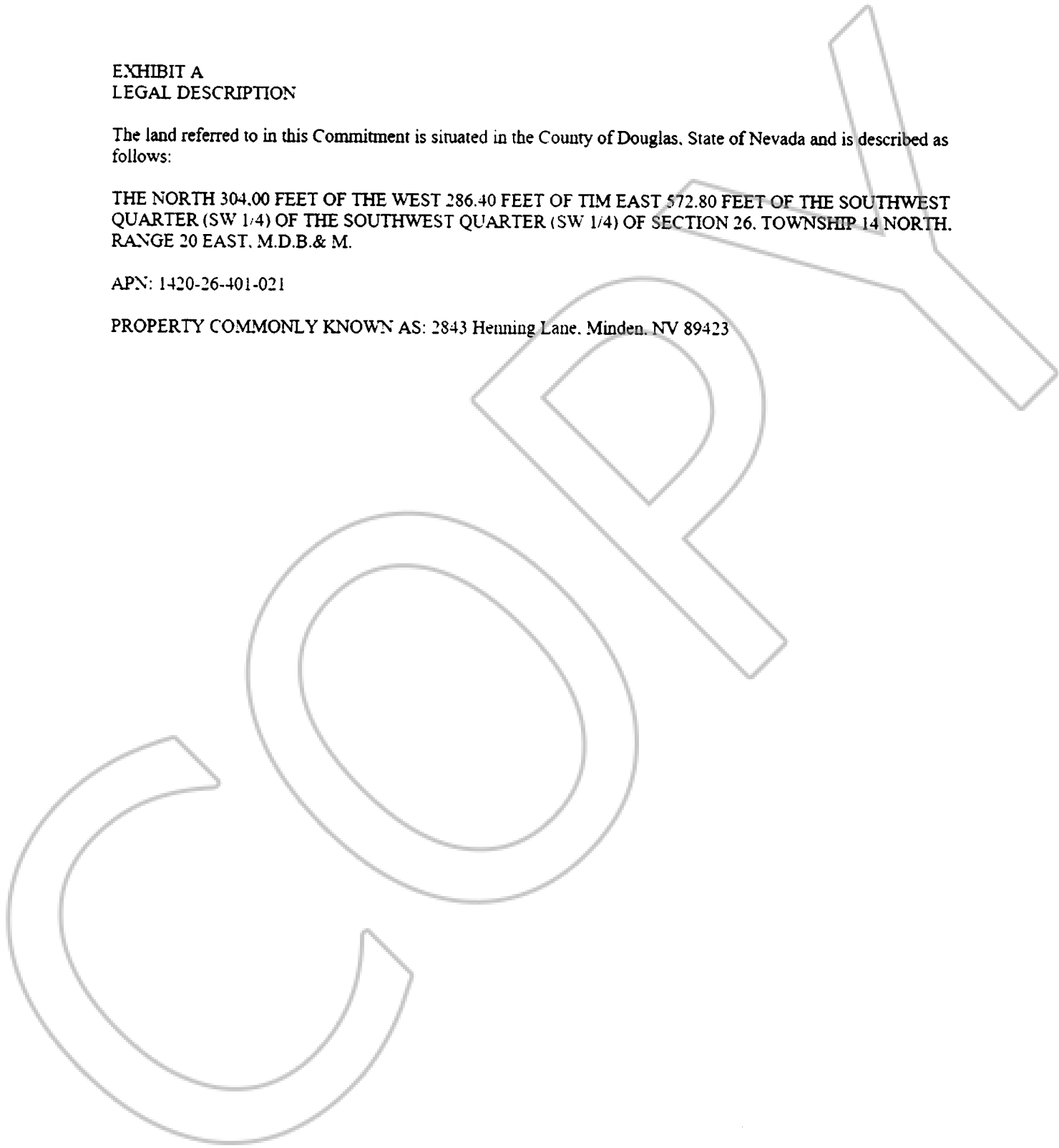
EXHIBIT A
LEGAL DESCRIPTION

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

THE NORTH 304.00 FEET OF THE WEST 286.40 FEET OF THE EAST 572.80 FEET OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 26, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M.

APN: 1420-26-401-021

PROPERTY COMMONLY KNOWN AS: 2843 Henning Lane, Minden, NV 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3984206

2017019824
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

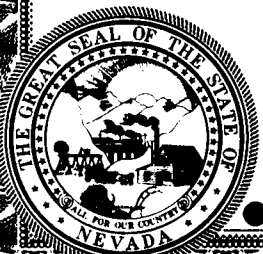
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Nellie JEWELL		2. DATE OF DEATH (Mo/Day/Year) October 23, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Canyon Vista Post Acute		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1943		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) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gilbert JEWELL	
13. SOCIAL SECURITY NUMBER 2425		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Owner		14b. KIND OF BUSINESS OR INDUSTRY Newspaper	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 8017 Caspian Moon Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph LOVETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances COX		
18a. INFORMANT - NAME (Type or Print) Sara WARNER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8017 Caspian Moon Dr. Las Vegas, Nevada 89166		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada 89122	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MITCHELL AMOS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD30		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
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) SHEILA LAYO MIRANDA 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) October 23, 2017		21c. HOUR OF DEATH 04:00		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheila Layo Miranda MD 7842 W Sahara Ave Las Vegas, NV 89117				23b. LICENSE NUMBER 11089	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 26, 2017		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				Interval between onset and death	
(a) Alzheimer's Diseases					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
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. Hypertension, Dysphagia, Diabetes Mellitus Type II, History Of C. Diff And Sepsis				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDEY. 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	

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



478258

DATE ISSUED: **NOV 08 2017**

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

Registrar of Vital Statistics
By: *[Signature]*

