

A. P. No. 1319-15-000-026

When recorded mail to:  
Hilary Jones  
2952 Santa Inez Drive  
Minden, NV 89423



00164302202309934020040040

SHAWNYNE GARREN, RECORDER

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

*The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.*

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
 ) ss  
COUNTY OF WASHOE )

I, HILARY JONES, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
2. That I am the surviving joint tenant of KENNETH JONES.
3. That KENNETH JONES, also known as KENNETH HORN JONES is now deceased, having died in Douglas County, State of Nevada, on February 14, 2016. Attached hereto is a certified copy of the Certificate of Death of KENNETH HORN JONES, which has been duly filed with the Nevada State Department of Health and Human Services, Division of Public and Behavioral Health, Section of Vital Statistics, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of KENNETH HORN JONES, he and the undersigned affiant were owners, as joint tenants with right of survivorship, under a Deed recorded February 11, 2000, Document No. 0486092, Official Records, Douglas County, Nevada, of that certain real property situate in Douglas County, State of Nevada, more particularly described as follows:

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071<sup>st</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, Township 13 North, Range 19 East, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°00'00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as

subject to said Declaration; with the exclusive right to use said interest for one use Period within a DELUXE UNIT each year in accordance with said Declaration.

NOTE (NRS 111.312): The above metes and bounds appeared previously in that certain Short Form Deed of Trust and Assignment of Rents recorded on February 11, 2000, as Document No.0486092, Official Records, Douglas, Nevada.

5. That by reason of the demise of the KENNETH HORN JONES, the undersigned affiant is the sole owner under the Deed on the above-described property.

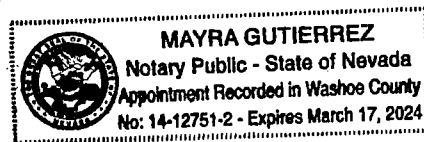
DATED: January 6<sup>th</sup>, 2023.

  
\_\_\_\_\_  
Hilary Jones

STATE OF NEVADA            )  
  ) ss  
COUNTY OF WASHOE     )

Signed and sworn to (or affirmed) before me on 01/06, 2023, by HILARY JONES.

  
\_\_\_\_\_  
Notary Public



# 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. 3879071

2016002628  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kenneth Horn JONES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 14, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>2952 Santa Inez Dr</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>60</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 23, 1955</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Hilary MUELLER</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]-5532</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Public Utilities</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2952 Santa Inez Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clarence Lohymeyer JONES</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Ann HORN</b>		18a. INFORMANT - NAME (Type or Print) <b>Hilary Mueller JONES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2952 Santa Inez Dr. Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>884</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>STEPHEN BLOOMFIELD M.D.</b> 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) <b>February 17, 2016</b>		21c. HOUR OF DEATH <b>16:09</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Stephen Bloomfield M.D. 5250 Neil Rd Ste #207 Reno, NV 89502</b>		23b. LICENSE NUMBER <b>3741</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 17, 2016</b>		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) <b>Malignant Neoplasm Of Duodenum</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		Interval between onset and death <b>One Year</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC., SUICIDE, HOM., 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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				

STATE REGISTRAR

VRS-Rev-20120523a

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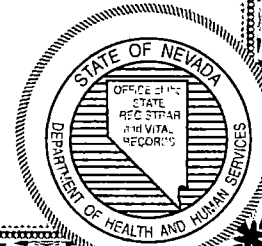
CERTIFIED COPY OF VITAL RECORDS

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: 2/19/2016

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

*Rnd White*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE