DOUGLAS COUNTY, NV

2023-995393

Rec:\$40.00 Total:\$40.00

04/07/2023 04:18 PM

ALLISON MACKENZIE, LTD.

Pas=3

APN: 1318-26-514-016
RECORDING REQUESTED BY:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Richard Lowe
2639 Sutton Court
Houston, TX 77027
The party executing this document affirms that this document
DOES contain a social security number as required by law per
NRS 440.380(1)(a) and NRS 40.525 (5).



SHAWNYNE GARREN, RECORDER

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF <u>Texas</u>): ss.

COUNTY OF <u>Havris</u>)

RICHARD LOWE, being first duly sworn, deposes and says:

1. That RICHARD LOWE and ELLEN R. LOWE, acquired title as husband and wife as joint tenants with Right of Survivorship to a parcel of real property situated in Douglas County, State of Nevada, by that certain Grant, Bargain and Sale Deed recorded May 30, 2014, as Document Number 843490, Official Records of Douglas County, State of Nevada. Said real property is more particularly described as follows:

Lot 7 in Block A as shown on the Official Map of Granite Springs Subdivision Unit No. 1, recorded June 15, 1979 in Book 679, Page 1150 as Document No. 33554 of Official Records of Douglas County, Nevada.

(Pursuant to NRS 111.312 this legal description was previously recorded on May 30, 2014, as Document Number 843490, Official Records of Douglas County, Nevada.)

- 2. That that ELLEN R. LOWE died October 8, 2022. A certified Certificate of Death is attached hereto.
- 3. That at the time of death of ELLEN R. LOWE, title to the above-referenced real property continued to be held by RICHARD LOWE and ELLEN R. LOWE, husband and wife as joint tenants with Right of Survivorship.

4. That this affidavit is executed pursuant to NRS 111.365.

I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 29 day of March, 2023.

RICHARD LOWE

On March 29, 2023, personally appeared before me, a notary public, RICHARD LOWE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.



NOTARYPUBLIC

4882-1353-2250, v. 1

CERTIFICATION OF VITAL RECORD

## **EL DORADO COUNTY**

## **HEALTH AND HUMAN SERVICES AGENCY**

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3202209001110  STATE FILE NUMBER USE BLACK HAY ONLY / NO FRANCHES; WHIT DUTS OR AUTRATIONS USE BLACK HAY ONLY / NO FRANCHES; WHIT DUTS OR AUTRATIONS USE STATE FILE NUMBER  LOCAL REGISTRATION NUMBER															
	STATE FILE NUMBER  1 NAME OF DECEDENT - FIRST (Green)			USE BLACK MA ONLY / NO ERASURES WHITEOUTS OR ALTERATI VS-11 (REV 3/06)					ONS LOCAL REGISTRATION NUM  3. LAST (Family)					$\top$	
NAL DATA	ELLEN			RONNIE					LOWE				\		
	AKA: ALSO KNOWN AS - Include full AKA (FIRST: MIDDLE, LAST)										UNDER ONE YEAR   IF UNDER 24			6. SEX	
DECEDENT'S PERSONAL	9 BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUM NY -4092			1 EVER IN U.				DP dat Time of Dec			m/dd/ecyy	1 10	(24 Hours)		
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ECEDE	SOME COLLEGE	YES				⊻ા∾ા	WHITE	The same	Name of the last			-			
	17 USUAL OCCUPATION - Type of work for most of Me DO NOT USE RETIRED HOMEMAKER  18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment a OWN HOME											( etc.) 19	YEARS IN	OCCUPATION	
USUA!. RESIDE: CE	20 DECEDENT'S RESIDENCE (Street and number, or location) 2639 SUTTON COURT													The same of the sa	
	21. CITY HOUSTON	NTY/PROVINCE 23 ZIP COD RIS 77027				24	YEARS IN COL	% I	25 STATE/FUNEIGN COLINTRY						
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP	_	27, INFORMANT'S MAILING ADDRESS STIME and control or control of the control of th						TX  To rumber, city or fown, state and zip)						
	RICHARD LOWE, HUSBAND  28. NAME OF SURVIVING SPOUSE/SROP-FIRST  2			29 MIDDLE 30. LAST (BIRTH NAME)					76	OIV, 1	X 11021				
SPOUSE/SRDP AND PARENT INFORMATION	RICHARD 31 NAME OF FATHER/PARENT-FIRST		IRWIN 32 MIDDLE				LOWE								
	MARTIN		- 1			W	HOFFINGER				1		34 BIRTH NY	STATE	
	35. NAME OF MOTHER/PARENT-FIRST CECILE	38. MIDDLE LORRA	INE	V	1	- LWAG	GNER	WE		38 BIRTH STATE			STATE		
PAR PAR	39. DISPOSITION DATE mm/dd/coyy 4. 10/12/2022 1	0. PLACE OF FINAL DISPOS	TON BET	H YESH	IURUN	CEM	FTER	′	/	7					
FUNERAL DIRECTORY LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S)		ROAD, HOUSTON, TX 77055  42 SIGNATURE OF EMBALMER							43 LICENSE NUMBER					
	TRANSIT/BURIAL  44 NAME OF FUNERAL ESTABLISHMENT		► NOT EMBALMED  45 LICENSE NÚMBER   48 SIGNATURE OF LOCAL REGISTRAR							47. DATE mm/dd/ddyy					
53	FD1180 NANCY WILLIAMS MD, MPH									<b>E</b> 3	10.	/11/20			
PLACE OF DEATH	DOI PLACE OF DEATH BARTON MEMORIAL HOSPITAL  102 IF HOSPITAL SPECIFY ONE    103 IF HOSPITAL SPECIFY ONE   103 IF OTHER THAN HOSPITAL SPECIFY ONE   103 IF OTHER THAN HOSPITAL SPECIFY ONE   104 IF OTHER THAN HOSPITAL SPECIFY ONE   105 IF OTHER THAN HOSPITAL SPECIFY ONE   105 IF OTHER THAN HOSPITAL SPECIFY ONE   106 IF OTHER THAN HOSPITAL SPECIFY ONE   107 IF OTHER THAN HOSPITAL SPECIFY ONE   108 IF OTHER											Other			
P.CA.	TOM COUNTY  10S FACEUTY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)  106 CITY  SOUTH LAKE TAHOE												DE DE		
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¥ #	10/08/2022 10/08							ANUE,	CA 961	อบ					
	MANNER OF DEATH Natural	Accident Humicide	Suicide	Ponding Prestigati	on	Could not a determine	°   120	YES	1 WORK?	12 אייט אייט	1. INJURY DAT	E mm/dd/ecy	122.HO	UR (24 Hours)	
CORONER'S USE ONLY	123. PLACE OF INJURY (a.g., home, const	ruction sile, wooded area, etc	.)										-		
	124 DESCRIBE HOW INJURY OCCURRED	(Events which resulted in inj	ury)												
RONER	125 LOCATION OF INJURY (Street and number or location, and city, and op)														
8															
	<u> </u>	'27	27 DATE mm/dd/ccyy 128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER							]					
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, 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 Health and Human Services Agency.

DATE ISSUED

May Mullians MD, MPH
COUNTY HEALTH OFFICER

COUNTY HEALTH OFF.CER
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Office

CAELDORADL

