DOUGLAS COUNTY, NV

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2023-998091

06/29/2023 02:37 PM

MOBO LAW

SHAWNYNE GARREN, RECORDER

APN: 1318-10-415-043

Recording Requested by:

C. HALEY LEARY, ESO.

When Recorded Mail To:

MOBO LAW, LLP 527 South Arlington Avenue Reno, Nevada 89509

MAIL TAX STATEMENTS TO:

Kristine Scoggins Post Office Box 1984 Zephyr Cove, Nevada 89448

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned hereby affirms that this document contains a Social Security Number pursuant to N.R.S. 440.380(1)(A).

Kristine Scozgins

State of California

) ss.

)

County of Nevada

I, Kristine Scoggins, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

- That Kristine Scoggins is the surviving widow of Sammy J. Scoggins, Deceased, and the surviving joint owner with said Sammy J. Scoggins, who acquired title in and to the property hereinafter described.
- 2. That Affiant, Kristine Scoggins, and Sammy J. Scoggins, Deceased, acquired the following described property as joint tenants with right of survivorship, by that certain deed dated the 1st day of June, 2018, and recorded as Document No. 2018-915020, on June 4, 2018, in the office of the County Recorder, Douglas County, said property being located in the County of Douglas, State of Nevada, commonly known as 618 Canyon Drive, Zephyr Cove, Nevada 89448, and being more particularly described as follows, to wit:

Lot 37, in Block B, as shown on the map of ZEPHYR HEIGHTS SUBDIVISION NO. 4, according to the Official Map, filed in the Office of

the County Recorder of Douglas County, Nevada, on June 7, 1955, as File No. 10441.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

- 3. That Sammy J. Scoggins, being one of the persons described in the foregoing described deed as a grantee and joint owner of joint tenancy property with right of survivorship, died in the City of Zephyr Cove, County of Douglas, State of Nevada, on June 2, 2023. That a certified copy of the death certificate of Sammy James Scoggins, also known as Sammy J. Scoggins, is attached to this Affidavit as Exhibit "A" and made a part hereof.
- 4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and Estate of said Sammy J. Scoggins, the Deceased joint owner of joint tenancy property with right of survivorship, in and to the foregoing described property, and vesting title thereto solely in Affiant, Kristine Scoggins, as the surviving joint owner.

Kristine Scoggins

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.

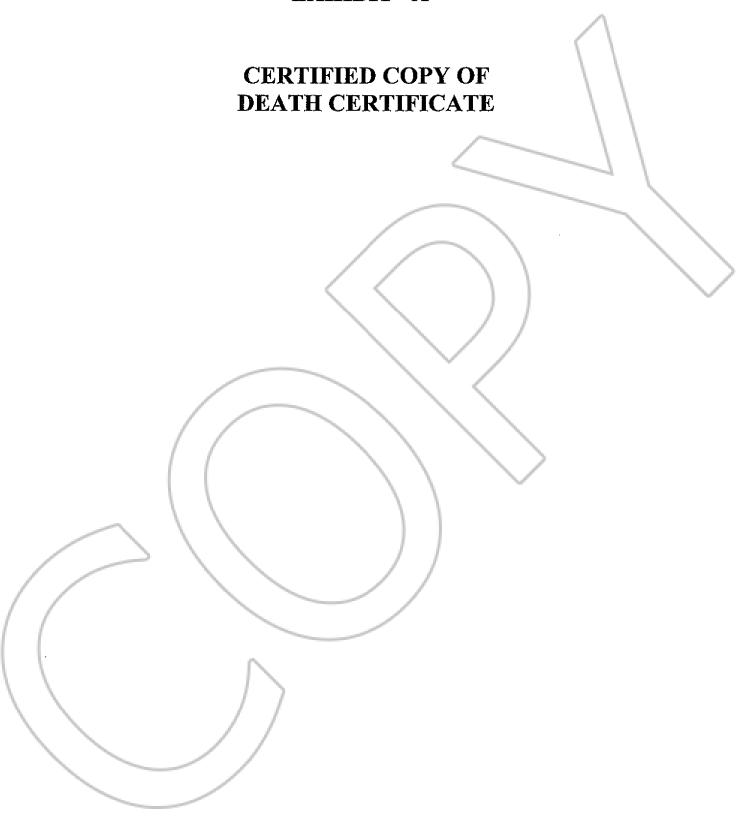
State of California)
) <i>ss</i> .
County of Nevada)\

Subscribed and sworn to (or affirmed) before me on this 12th day of June, 2023, by Kristine Scoggins, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Susan Hamilton, Notary Public (Seal)



EXHIBIT "A"



STATE OF NEVADA

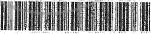
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

888 - Erica No. 15126	LE NO. 4352873	CERTIFICATE OF DEAT	T 20230 12580 STATE FILE NUMBER
E OR	1a. DECEASED-NAME (FIRST,MIDDLE	(LAST/SUFFIX)	2. DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH
IANENT	Sammy	SCOGGINS	June 02; 2023 Douglas
CK INK	3b. CITY, TOWN, OR LOCATION OF DE	ATH 3c. HOSPITAL OR OTHER INSTITUTION Name(If riot either	ir, give street an 3e. If Hosp., or Inst., indicate DCA, OP/Emer, Rm, 4, SEX.
EDENT	Zephyr Cove	number) 618 Canyon Drive	Inpatient(Specify) Home Male
	5 RACE (Specify) White	6. Hispanic Origin? Specify 7a. AGE-Last bir No "Non-Hispanic (Years)	nhday 75, UNDER 1 YEAR 76, UNDER 1 DAY 8, DATE OF BIRTH (Mo/Day/Yr MOS DAYS HOURS MINS February 13, 1957
IRRED IN UTION SEE	9a. STATE OF BIRTH (If not US/CA, name country) California	9b CITIZEN OF WHAT COUNTRY 10 EDUCATION 11, MARITAL S United States 16	
RDING ETION OF DENCE	13: SOCIAL SECURITY NUMBER 7049	14a. USUAL OCCUPATION (Give Kind of Work Done During Most Salesman	t of 14b, KIND OF BUSINESS OR INDUSTRY Ever in US Arme Food Service Forces? No
MS	15a, RESIDENCE - STATE 15b, CO	BOAD TOTAL CONTRACTOR	I. STREET AND NUMBER 15e. NSIDE CITY LIMITS (Specify Yes or No.) 19. Capyon Daiyo
	Nevada		18 Canyon Drive
ENTS	16. FATHER/PARENT - NAME (First Mil	ddle Last Suffix) 17. мотн filliam SCOGGINS	IER/FARENT -NAVIE (First Middle Last Suffix) Emma Rose GONSALVES
	18a, INFORMANT: NAME (Type or Print)		or R.F.D. No, City or Town, State, Zip)
	Kristine SCOG	GINS 618 C	anyon Drive Zephyr Cove, Nevada 89448
SITION	19a. BURIAL, CREMATION, REMOVAL, Cremation	OTHER (Specify) 195. CEMETERY OR CREMATORY - NAME Walton's Sierra Cren	190 LOCATION City or Town State natory Carson City Nevada 89706
	209. FUNERAL DIRECTOR - SIGNATUR MERCEDES Q QI		NAME AND ADDRESS OF FACILITY Neptune Society of Remo 5890 S Virginia St. Suite 4-E "Reno", NV 89502
CALL	TRADE CALL - NAME AND ADDRESS		Good Chiliginia Ct. Gaile 42 11G/10 11CC 69302
IFIER	a 21b. DATE SIGNED (Mo/Day/Yr) June 08, 2023	SIGNATURE AUTHENTICATED JUNSEN RILEY APRN 21c. HOUR OF DEATH 11:32 22b	In the basis of swarmation and/or (neestigation, in my opinion cleath occurred time, date and place and due to the cause(s) stated. (Sig nature 2 Title) DATE SIGNED (No/Day/Yr) 22c. HOUR OF DEATH PRONOUNCED DEAD (Mo/Day/Yr) 22s. PRONOUNCED DEAD AT (Hou
	23a. NAME AND ADDRESS OF CERTIF	본 ER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER M Jensen Ritey APRN 155 Hwy 50 Stateline; N	
TRAR	24a. REGISTRAR (Signature) MARI		DEIVED BY REGISTRAR 24c DEATH DUE TO COMMUNICABLE DISEAU Unio 08, 2023 YES NO
SE OF	25. IMMEDIATE CAUSE (ENTE PART (a) Alzheimer's Di	FRONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between criset and de
ONS IF	DUETO, OR AS A CON (b) Unknown Etio		Interval between onset and de
E TO	DUE TO, OR AS A CO	NSEQUENCE OF:	Interval belween onset and de
THE > YING AST	OUE TO, OR AS A COM	NSEQUENÇE OF:	Interval between onset and de
	Protein Calone Mainutrition	FIONS-Conditions contributing to death but not tesuting in the unde	arlying cause given in Part 1. 26. AUTOPSY (Specil 27. WAS CASE REFERRED TO CORON Yes or No) (Specily, Yas or No) No
	28a ACC, SUICIDE HOM, UNDET. 28b DA OR PENDING INVEST. (Specify)	ATE OF INJURY (Mo/Day/Yr) 28c, MOUR OF INJURY 28d, DESC	RIBE HOW NUMRY OCCURRED
	28e. INJURY AT WORK (Specify 28f. PL Yes or No) buildin	LACS OF INJURY- Athome, farm, street, factory, office 28g, LOC g, etc. (Specify)	CATION STREET OF R.F.D. No. CITY OR TOWN STAT





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:

6/13/2023

Codydthingy

STATE REGISTRAR

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

