

APN# 1329-29-410-019



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Alan R. Erb

Address: P.O. Box 133

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Bruce M. Jacobsen

Address: 1615 Esmeralda Ave.

City/State/Zip: Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

 Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

 Judgment – NRS 17.150(4)

 Military Discharge – NRS 419.020(2)

Alan R. Erb
Signature

Alan R. Erb
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

1 APN: 1329-29-410-019

2 The undersigned hereby affirms
3 that there is no
4 social Security number
5 Contained in this document.

6 When recorded, mail to:
7 Alan R. Erb
8 P.O. Box 133
9 Gardnerville, NV 89410

10
11 **AFFIDAVIT OF DEATH OF JOINT TENANT**

12 STATE OF NEVADA)
13) ss.
14 COUNTY OF DOUGLAS)

15 I, BRUCE M. JACOBSEN, hereby swear (or affirm) under penalty of perjury, that the following
16 assertions are true of my own personal knowledge:

17 1. I am over the age of twenty-one (21) years and competent to be a witness as to the
18 matters hereinafter stated.

19 2. DEBORAH JACOBSEN, the decedent mentioned in the attached certified copy of
20 Certificate of Death, is the same person as DEBORAH JACOBSEN named as one of the parties in
21 that certain Grant, Bargain, Sale Deed dated September 30, 2011, executed by Betty M.
22 Jacobsen, to **Bruce M. Jacobsen and Deborah Jacobsen, husband and wife as joint tenants,**
23 recorded as Document No. 0790985, in Book 1011, Page 2354, of Official Records of Douglas
24 County, Nevada, covering the following described property situated in the County of Douglas,
25 State of Nevada.

26 Lots 15, 16, and 17 in Block "B" of Minden, according to the map thereof, filed in the
27 Office of the County Recorder of Douglas County, Nevada, July 5, 1907.

28 Per NRS 111.312, this legal description was previously recorded at Document No.

1 0790985, Book 1011, Page 2354, on October 14, 2011.

2

3

4

Bruce M. Jacobsen
BRUCE M. JACOBSEN

5

6

7

8 SIGNED AND SWORN TO (or affirmed)

9 Before me on December 21, 2023,

10 by BRUCE M. JACOBSEN.

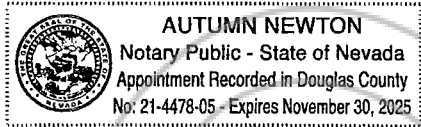
11

Autumn

12

Notary Public

13



14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4021391

CERTIFICATE OF DEATH

2018010323
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) Deborah Lynn JACOBSEN		2. DATE OF DEATH (Mo/Day/Year) May 24, 2018		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Carson Tahoe Regional Medical Center Intensive Care Unit (ICU)		4. SEX Female	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 57	
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) Bruce JACOBSEN		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
13. SOCIAL SECURITY NUMBER ██████████2672		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1615 Esmeralda Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard PETERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Roberta MORGAN		
18a. INFORMANT-NAME (Type or Print) Bruce JACOBSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1607 Minden, Nevada 89423			
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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) AMANDA M GRIFFITH DO			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) May 29, 2018		21c. HOUR OF DEATH 13:55		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Severe Hypotension Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Encephalopathy Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Hyperkalemia Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Renal Failure; Acute Liver Failure; Metastatic Brain Carcinoma; Throat Carcinoma; Hypercalcemia; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

STATE REGISTRAR



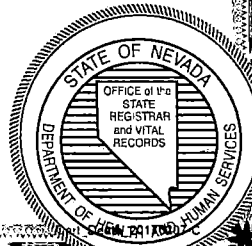
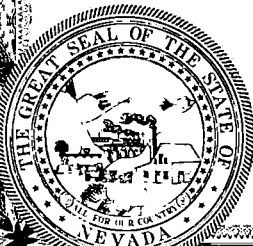
CERTIFIED COPY OF VITAL RECORDS

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: 6/12/2018

Julie Katchewar
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]