

APN# 1420-33-511-014



00177399202410044870060064

Recording Requested by/Mail to:

SHAWNYNE GARREN, RECORDER

Name: HERITAGE LAW

Address: 1625 NV-SR 88, Suite 304

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: DAVID JACOBS

Address: 3580 Borica Rd.

City/State/Zip: Cameron Park, CA 95682

Affidavit of Death of Joint Tenant

**Title of Document** (required)

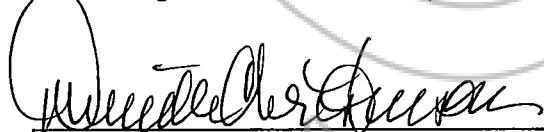
**Please complete the Affirmation Statement below:**

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)
- Military Discharge** – NRS 419.020 (2)
- Other NRS** \_\_\_\_\_ (state specific law)

**-OR-**

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)



Signature

Danielle Christenson, Esq.

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APN: 1420-33-511-014**

Recording Requested By/Return To:

HERITAGE LAW  
1625 State Route 88, Suite 304  
Minden, NV 89423

Mail Future Tax Statements To:

DAVID JACOBS  
3580 Borica Road  
Cameron Park, CA 95682

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

DAVID JACOBS, being of legal age, and being of sound mind and body, hereby swears (or affirm) under penalty of perjury, that the following is true of his own personal knowledge:

That JOY A. JACOBS, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as JOY A. JACOBS, named in that certain *Grant, Bargain and Sale Deed* recorded on December 17, 1979, as Document No. 1979-039699 of Official Records of Douglas County, State of Nevada, which Grantees took title as husband and wife, as joint tenants, and which *Grant, Bargain and Sale Deed* pertains to property situated at 1361 Raeline Lane, Minden, Douglas County, Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"**

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain *Grant, Bargain and Sale Deed* recorded as Document No. 1979-039699 of Official Records of Douglas County, State of Nevada, on December 17, 1979.

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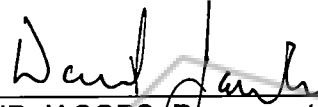
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I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

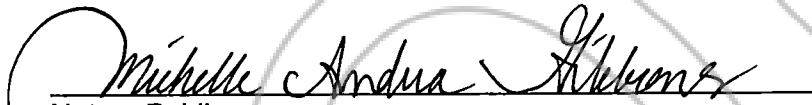
Dated: January 29, 2024.



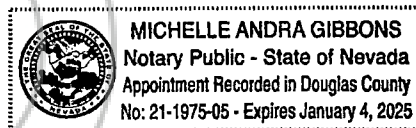
\_\_\_\_\_  
DAVID JACOBS, Permanent Guardian of RENO  
D. JACOBS, Surviving Joint Tenant

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

On January 29, 2024, before me, a Notary Public, personally appeared DAVID JACOBS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.



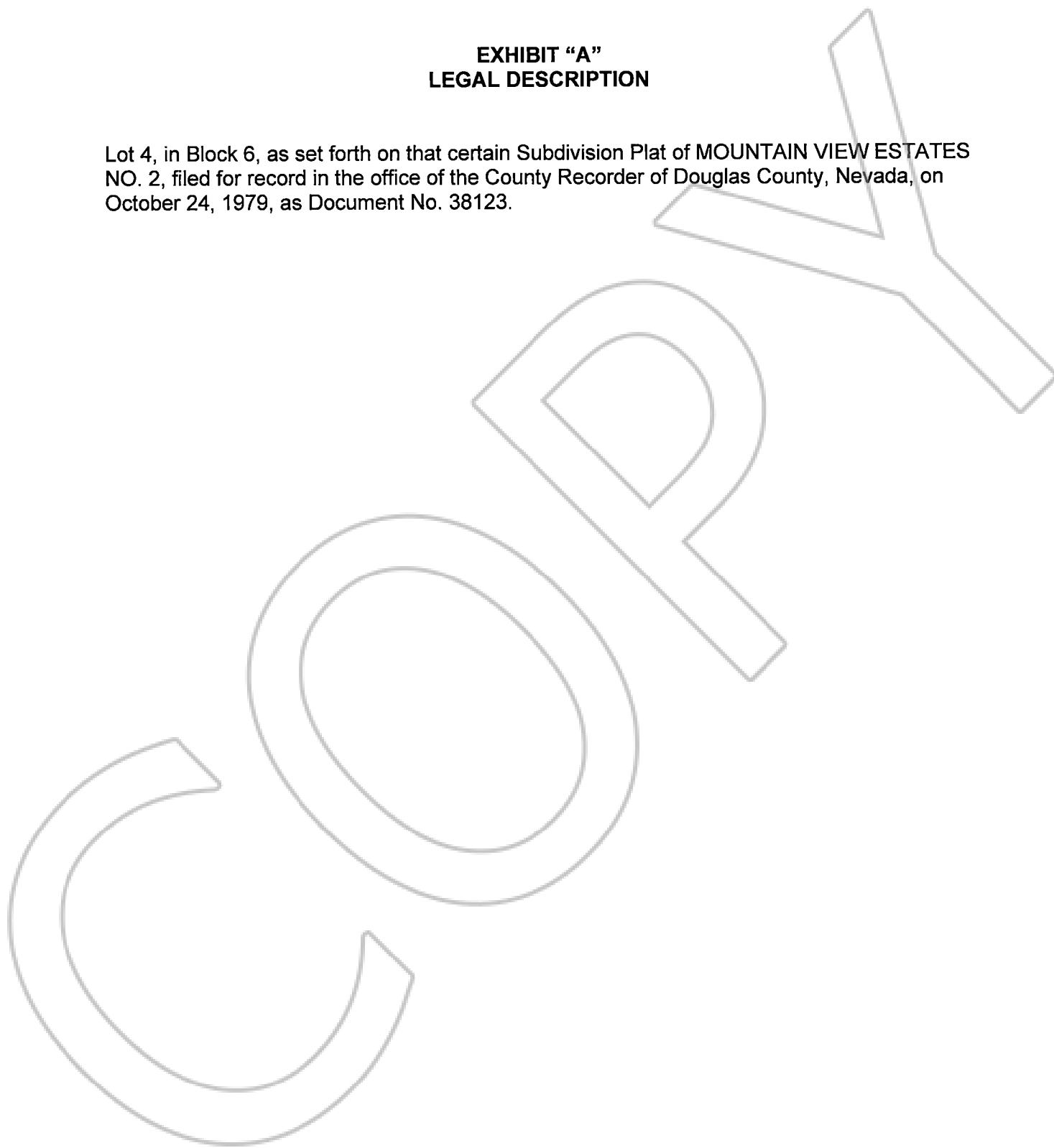
\_\_\_\_\_  
Notary Public

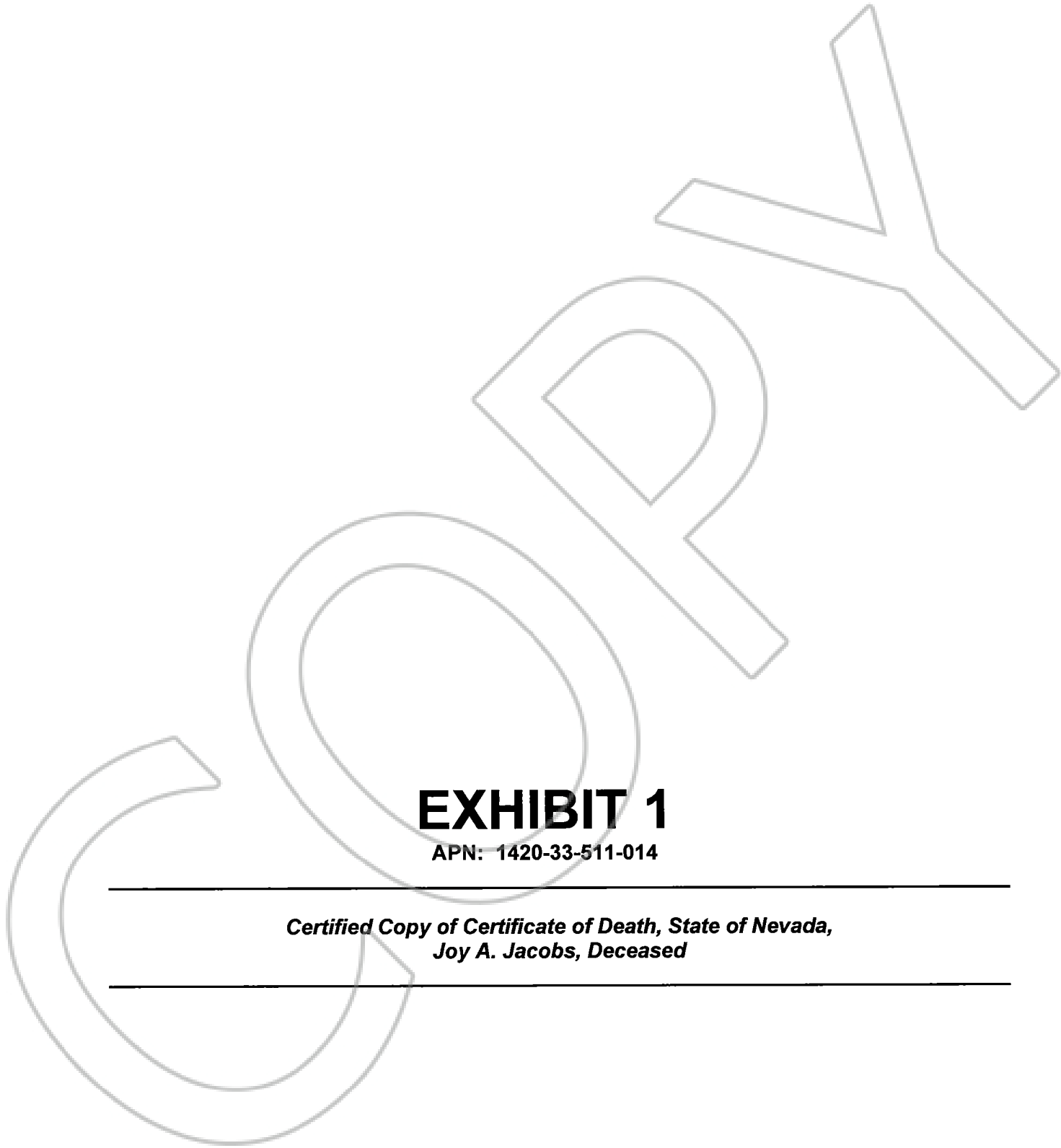


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**EXHIBIT "A"  
LEGAL DESCRIPTION**

Lot 4, in Block 6, as set forth on that certain Subdivision Plat of MOUNTAIN VIEW ESTATES NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on October 24, 1979, as Document No. 38123.





**EXHIBIT 1**

APN: 1420-33-511-014

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*Certified Copy of Certificate of Death, State of Nevada,  
Joy A. Jacobs, Deceased*

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4379991

**CERTIFICATE OF DEATH**

2023024543

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) <b>Joy Avalon JACOBS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 07, 2023</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst, indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (icu)</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 09, 1931</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>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Reno David JACOBS</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-3898</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Electronics Assembler</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1361 Raeline Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank ANNERL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Catherine SCHMIDT</b>		
18a. INFORMANT- NAME (Type or Print) <b>David JACOBS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3580 Borica Road Cameron Park, California 95682</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada 89511</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL HOME OF LICENSE NUMBER <b>FD779</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>7111 South Virginia St, Ste A17 Reno NV 89511</b>	
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) <b>ANN M EGAN APRN</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>November 09, 2023</b>		21c. HOUR OF DEATH <b>12:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ann M Egan APRN 2375 E Prater Way Sparks, NV 89434</b>			
23b. LICENSE NUMBER <b>APRN002668</b>		24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 13, 2023</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				Interval between onset and death	
(a) <b>Acute Respiratory Failure</b>				Interval between onset and death	
(b) <b>Malignant Cerebral Edema</b>				Interval between onset and death	
(c) <b>Acute Ischemic Stroke</b>				Interval between onset and death	
(d) <b>Atherosclerosis</b>				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. <b>Peripheral Arterial Occlusive Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC. SUICIDE, HOM., UNDET OR PENDING INVEST (Specify) <b>NATURAL</b>			
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	

000530843

**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.

11/13/2023

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE