

**AFFIDAVIT OF SURVIVING JOINT TENANT
FOR CHANGE OF TITLE TO REAL ESTATE**
Recorder's Cover Sheet

Preparer Information:

Miranda Marie Bowlen
Toiyabe Title, LLC
1625 Nevada 88, Suite 407
Minden, NV 89423

Taxpayer Information:

Jill L. Williams
282 Harvest Way
Hiram, GA 30141

Return Document To:

Jill L. Williams
282 Harvest Way
Hiram, GA 30141

Grantee(s):

Jill L. Williams, surviving joint tenant

Legal Description:

SEE PAGE 2

Document or instrument number of previously recorded documents:

AFFIDAVIT OF SURVIVING JOINT TENANT FOR CHANGE OF TITLE TO REAL ESTATE

Re: Lot 20, in Block C, of TOPAZ RANCH ESTATES, UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on November. 16, 1970, as Document No. 50212.

Locally known as: 3930 Granite Way, Wellington, NV 89444

I, Jill L. Williams, being first duly sworn on oath, depose and state:

1. Jill L. Williams, is/am the surviving joint tenant of Franklin Louis Williams (hereinafter "Decedent"), who died on March 23, 2010.
2. The above-referenced real estate was owned only by Decedent, Franklin L. Williams, and Jill L. Williams, as joint tenants with full rights of survivorship at the time of Decedent's death.
3. Title was conveyed to the surviving joint tenant and the Decedent by Deed filed on July 9, 1993 as Book 0793, Page 1439, Instrument Number 311988
4. Jill L. Williams, is/am the Spouse of the Decedent. (For deaths occurring after July 1, 1997, parents, grandparents, great-grandparents, and other lineal ascendants, children including legally adopted children and biological children entitled to inherit under the laws of Iowa, stepchildren, and grandchildren, great-grandchildren, and other lineal descendants are exempt from Iowa inheritance tax.)
5. Form 706, United States Estate Tax return, is **not** required to be filed as a result of the death of the Decedent*

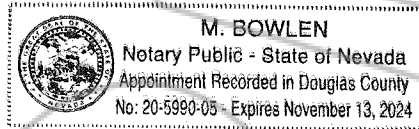
Jill L. Williams
Jill L. Williams, Affiant

STATE OF NEVADA
COUNTY OF DOUGLAS

Signed and sworn (or affirmed) before me on this 12th day of June, 2024, by Jill L. Williams.

M. Bowlen
Signature of notarial officer

My Commission Expires: NOV. 13, 2024



* THE CORRECT OPTION MUST BE SELECTED TO DETERMINE WHETHER THE IOWA ESTATE TAX
MAY CONSTITUTE A LIEN ON THE ABOVE DESCRIBED PROPERTY.

COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010004310

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 ->
STANDING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Franklin Louise WILLIAMS			2. DATE OF DEATH (Mo/Day/Year) March 23, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3930 Granite Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 67	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) May 12, 1942
9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Jill STOGSDILL
13. SOCIAL SECURITY NUMBER [REDACTED] 9619		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Career Military		14b. KIND OF BUSINESS OR INDUSTRY U.s. Army		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 3930 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Richard JOHNSON			17. MOTHER - NAME (First Middle Last Suffix) Ruth KOESTER			
18a. INFORMANT - NAME (Type or Print) Jill WILLIAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3930 Granite Way Wellington, Nevada 89444				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
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) STEPHEN J HEWITT DO 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) March 26, 2010		21c. HOUR OF DEATH 15:30	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150					23b. LICENSE NUMBER 1107	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 26, 2010	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) Cardiopulmonary Arrest					Minutes	
(b) Metastatic Colon Cancer					Years	
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
PART II				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



322931 CERTIFIED COPY OF VITAL RECORDS

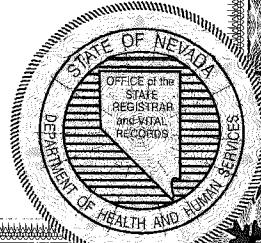
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 03/30/2010

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

PBNC0 (REV) 11/06

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20090602