| APN# 0923-17-000-021 | DOUGLAS COUNTY, NV 2024-1010201 Rec:\$40.00 \$40.00 Pgs=4 07/19/2024 10:17 AM FIRST AMERICAN TITLE MINDEN |
|---|---|
| Recording Requested by/Mail to: | SHAWNYNE GARREN, RECORDER |
| Name: First American Title | |
| Address: 1663 Hwy 395, Suite 101 | |
| City/State/Zip: Minden, NV 89423 | \ \ |
| Mail Tax Statements to: | |
| Name: Michael H. Campbell | |
| Address: P.O. Box 267 | |
| City/State/Zip: Wellington, NV 89444 | |
| | |
| Affidavit-Terminating Joint | Гелапсу |
| Please complete the Affirmation Sta The undersigned hereby affirms that the docume DOES contain personal information as required Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5) Other NRS (state specific law) | nt submitted for recording by law: (check applicable) |
| I the undersigned hereby affirm the attached document, for recording does NOT contain the personal information | |
| Signature | |
| This document is being (re-)recorded to correct document # | , and is correcting |
| | |

A.P.N.:

0923-17-000-021

File No:

143-2675744 (et)

When Recorded return to, and mail Tax Statements to: Michael H. Campbell PO BOX 267 Wellington NV 89444

| AFFIDAVIT - TEF | RMINATING JOINT 1 | TENANCY | |
|--|---|--|--------|
| Michael H. Campbell, of legal age, be | eing first duly sworn, deposes a | and says: | |
| That <u>Susan Charles Campbel</u> the attached certified copy of Certified Campbell named as one of the partie 1/26/2018 executed by Celine <u>Susan Charles Campbell</u> joint tenants, recorded as Document N | cate of Death is the same per in that certain Grant Barg Ann Paniagua to Micha MANNAMENTAL STREET | gain and Sale Deed dated nel H. Campbell and Management as | |
| Records of Douglas County, Nevada County of Douglas , State of Nevada : | covering the following describ | | |
| THE SOUTHWEST QUARTER (SW 1, SECTION 17, TOWNSHIP 9 NORTH, | | | |
| | Mall t | A Cople Jay | Ny 202 |
| STATE OF NEVADA | Michael H. Campbell | Date | |
| COUNTY OF DOUGLAS | :ss. | | |
| This instrument was acknowledged before day of | ore me on this: , 2024 | | |
| By: Michael H. Campbell | 1 | | |
| by war Xin 18 | Lavel | - | |
| (My commission expires: 6-10 - 20 | 26) | MARSY LINN HARRELL Notary Public - State of Nevada Appointment Recorded in Douglas County No: 22-7504-05 - Expires June 10, 2026 | |

OFFICE OF THE CLERK-RECORDER

COUNTY OF PLACER AUBURN, CALIFORNIA

| | 305202111328 | 10 paper 10 court 10 court | - USE BL | CERTIFICATI STATE OF CO ACK THIK ONLY / NO GRASURI VS-16/FE | OF DI | EATH OR ALTERATE | A CONTROL OF THE CONT | 1 | 32021310 | 15 1011011-11 | 41 (31 hour) | 37.2 |
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| PERSO | B BIRTH STATE/FOREIGN COUNTRY | 18 SOCIAL SECURITY N | UMBER 1 | EVER IN U.S. ARMED | | 12 MARITA MARI | LSTATUS/SROP (#1) | 17447.71 | DATE OF DEATH m 03/29/2021 | | 1225 F | -Hours) -ND |
| SEDENTS | 13. EDUCATION - Highest Level/Degree 14/ (see with highest on back) BACHELOR | YES YES | ATINO(A)/SPANT | SH7 (Flyds, see workshied) | | 16. DECEDI | | 3 races may | be listed (see worksh | est on back) | | / |
| E | 17. USUAL OCCUPATION - Type of work | 100 100 100 100 100 100 100 100 100 100 | RETIRED | RETAIL S | | | g., grocery etore, ro | id construction | i, employer i anercy | réto) 19. YE | ARS IN OCCU | JPATIO |
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| INFOR- | 26. INFORMANT'S NAME, RELATIONS MICHAEL CAMPBEL | L, SPOUSE | | 27 INFO 1477 | 2 SKIS | | 1000 | JCKEE | CA 96161 | yn, state and zip | · | 11111 |
| MATION | 28. NAME OF SURVIMING SPOUSE/SR MICHAEL | DP-FRST 1994 | 29. MIDOLE HARVE | Y | (a | CA | MPBELL | | | or or Alexander | | 70000 |
| ISE/SRD | 31. NAME OF FATHER/PARENT-FIRST ABBOTT | 10 10 10 10 10 10 10 10 | 32. MIDOLE | No. 14 | | 2510 | ARLES | | 100 - 1 | C | A BIRTH STAT | 9 |
| SPOL | JOYCE | h . | 38, MIDOLE VIRGIN | | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | RUS | SSELL | | To the control of the | N N | L BIRTH STAT Y | E |
| CTORY | 39. DISPOSITION DATE mm/dd/ceyy | 40. PLACE OF FINAL DISPOS 14772 SKISLOF | E WAY, | TRUCKEE, | CA 961 | ELL 61 | <u> </u> | | To below to | Town or an artist of the control of | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | |
| AAL DIRI | A1. TYPE OF DISPOSITION(S) CR/RES | The second secon | 100 100 100 100 100 100 100 100 100 100 | 12. SIGNATURE OF EMBA | LMED | 411750 | | ************************************** | \$15541 \$15145 1,0-1,0-1 1,0-1,0-1 1,0-1,0-1 1,0-1,0-1 | | NSE NUMBER | |
| FUNE | 44. NAME OF FUNERAL ESTABLISHME TRUCKEE TAHOE IV | ÖRTUARY | | 45. LICENSE NUMBER | ▶ RO | BERT L | EE OLDH | | | 04/2 | | 1 |
| EOF | 101. PLACE OF DEATH CROWN MOTEL | ANT LANGUELL | | | 1.5 |] r [| | - | pce Wrsin | i De De | coudin V | One |
| PLACE | PLACER | 8200 NORTH I | AKE BO | DULEVARD | | | | \mathbb{Z} | KING'S | | | |
| | 107: CAUSE OF DEATH: IMMEDIATE CAUSE (A) SHARF (Final disease or | as cardiac anest; respiratory am | ist, or ventricular | mmbleanors Inel dire | city calvead the the elicology. | BEA TON OC | l enler lerminal eveni PREVIATE | S SLCT | Onset and Best | X YE | S | NO |
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| Mis | 114. CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR, DATE, AND PLACE STATED FR | OM THE CAUSES STATED | 5. SIGNATURE | AND TITLE OF CERTIFE | R | | 1 | | 116. LICENSE NL | | | осуу |
| HYSICL | Decedent Attended Since (A) mm/dd/ocyy (B) | mm/dd/ccyy 11 | 8. TYPE ATTEN | DING PHYSICIAN'S NAM | /E, MAILING | ADDRESS | zip.code | | | TOTAL | | |
| | 11-9. I CERTIFY THAT IN MY OPINION DEATH | OCCURRED AT THE HOUR, DATE, A | NO PLACE STATE | ⊃ercing □ | Could not | ne e | | T-12 | 121 INJURY DAT | E nem/dd/ccyy | 122. HOUA (| 24 Horus |
|) ONE | 123. PLACE OF INJURY (e.g., home, co | natruction ete, «poded area, e | 4.00 | Twestgator | 191 | | - 77.0 | | | | | |
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

JUL 1 7 2024 DATE ISSUED

RYAN RONCO
PLACER COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.





OFFICE OF THE CLERK-RECORDER

COUNTY OF PLACER AUBURN, CALIFORNIA

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JUL 1 7 2024 DATE ISSUED

RYAN RONCO PLACER COUNTY CLERK-RECORDER



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