

APN# 0923-17-000-021

Recording Requested by/Mail to:

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 Tenancy

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]
Signature

U. Horrell
Printed Name

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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
AUBURN, CALIFORNIA

3052021113280

CERTIFICATE OF DEATH

3202131001371

Form containing personal data, usual residence, informant, spouse/parent information, funeral directory, place of death, cause of death, physician's certification, and coroner's use only sections.

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.

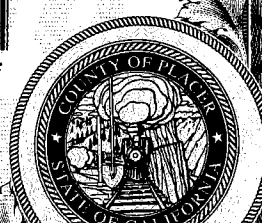
DATE ISSUED JUL 17 2024

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



Signature of Ryan Ronco

RYAN RONCO
PLACER COUNTY CLERK-RECORDER



CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
 AUBURN, CALIFORNIA

3052021113280

STATE FILE NUMBER

1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202131001371.01

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST SUSAN	1B. MIDDLE CHARLES	1C. LAST CAMPBELL	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 03/29/2021 FND	4. CITY OF EVENT KING'S BEACH	5. COUNTY OF EVENT PLACER	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	SHARP FORCE INJURIES	SHARP FORCE INJURIES OF THE NECK AND LEFT WRIST
112		ETHANOL INTOXICATION, HISTORY OF RECENT MOTOR VEHICLE ACCIDENT WITH MULTIPLE INJURIES
119	PENDING INVESTIGATION	SUICIDE
120		NO
121		UNK
122		UNK
123		CROWN MOTEL ROOM
124		DECEDENT PURPOSELY CUT THEIR OWN NECK AND LEFT WRIST
125		8200 NORTH LAKE BOULEVARD, KING'S BEACH, CA 96143

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER BATINE J RAMIREZ	10. DATE SIGNED—MM/DD/CCYY 04/29/2021	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEP CORONER	
	12. ADDRESS—STREET AND NUMBER 2929 RICHARDSON DR	13. CITY AUBURN	14. STATE CA	15. ZIP CODE 95603
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 04/29/2021	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS  FORM VS 24a (REV. 1/08) *020101004945866*

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STATE OF CALIFORNIA, COUNTY OF PLACER



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DATE ISSUED **JUL 17 2024**

Ryan Ronco
 RYAN RONCO
 PLACER COUNTY CLERK-RECORDER

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