

APN: 1220-22-310-053

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Helen Wildmon
328 Bennett Street
Angels Camp, CA 95221

MAIL TAX STATEMENTS TO:

Helen Wildmon
328 Bennett Street
Angels Camp, CA 95221

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

Helen Wildmon, being first duly sworn, deposes and says:

1. That Affiant, Helen Wildmon is the surviving spouse of Doyce Wildmon. Helen Wildmon and Doyce Wildmon hold title with respect to certain real property more particularly described below as "Doyce Wildmon and Helen Wildmon, husband and wife, as community property with right of survivorship."

2. That said Helen Wildmon and Doyce Wildmon are joint tenants by virtue of that certain Grant, Bargain, Sale Deed, dated February 7, 2012, recorded on February 10, 2012, in the Official Records of Douglas County, Nevada, as Document No. 797193. That certain real property in the County of Douglas, State of Nevada, is more particularly described as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 611, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 27, 1974, in Book 374, Page 676, as File No. 72456.

Assessor's Parcel Number(s):
1220-22-310-053

3. That Doyce Wildmon died on March 20, 2024, and is the same person in that certain certified copy of the Certificate of Death attached hereto as Exhibit A, and incorporated herein by reference.

4. That all of said real property was vested in Helen Wildmon upon the death of Doyce Wildmon, March 20, 2024, the date of his death.

DATED: August 20, 2024

Helen Wildmon

 HELEN WILDMON

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
 COUNTY OF AMADOR)

On August 20, 2024, before me, Wendy Ashton, a Notary Public, personally appeared Helen Wildmon who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California, that the foregoing is true and correct.

WITNESS my hand and official seal.

Wendy Ashton

 NOTARY PUBLIC

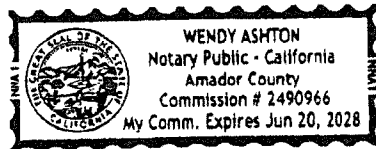
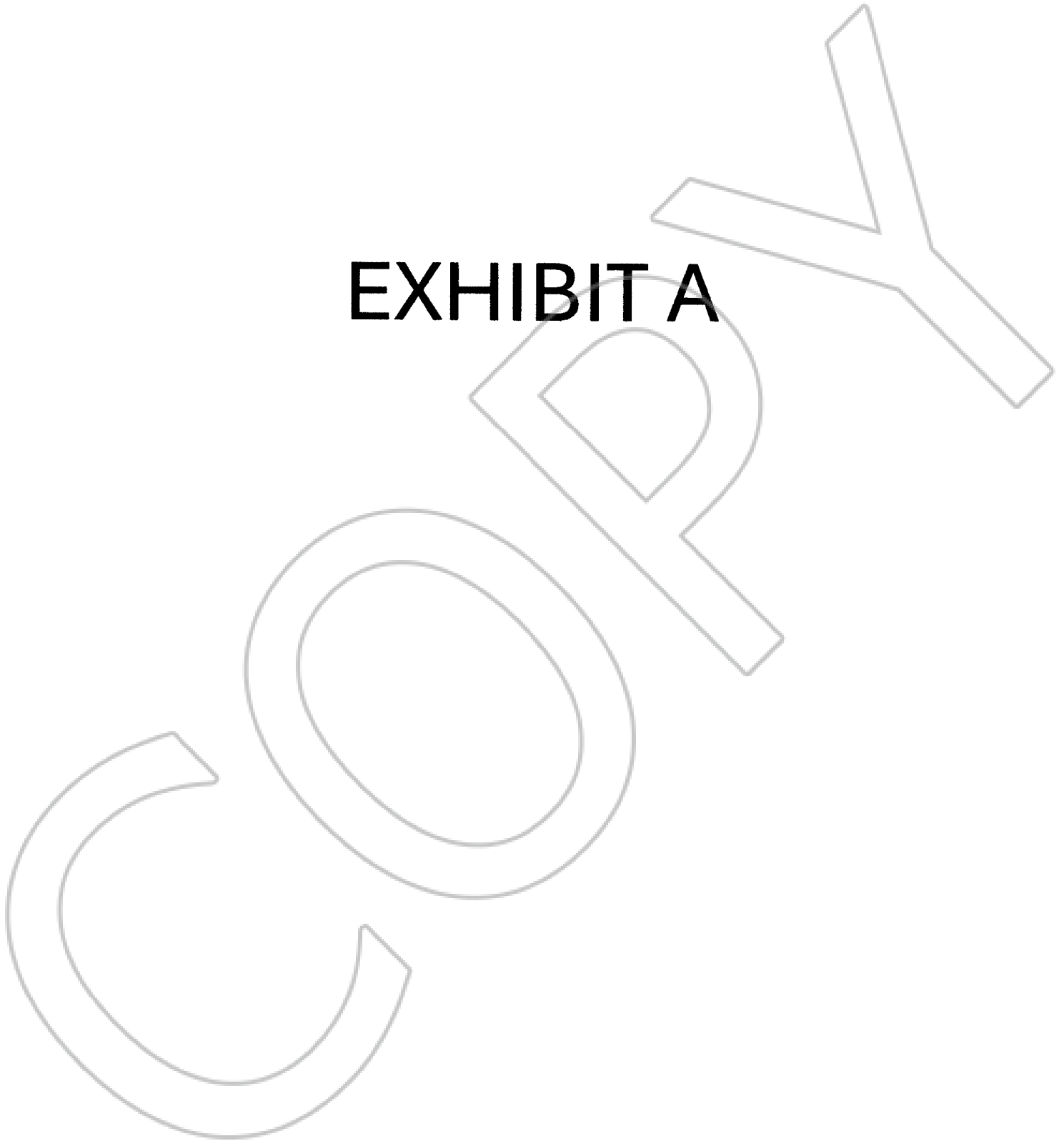


EXHIBIT A



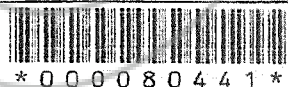
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER
COUNTY OF CALAVERAS

SAN ANDREAS, CALIFORNIA

3202405000063

STATE FILE NUMBER: DOYCE
LAST (Family): WILDMON
4. DATE OF BIRTH: 07/25/1929
6. AGE Yrs: 94
7. DATE OF DEATH: 03/20/2024
8. HOUR: 1145
10. SOCIAL SECURITY NUMBER: 0457
11. EVER IN U.S. ARMED FORCES?: YES
12. MARITAL STATUS: MARRIED
13. EDUCATION: SOME COLLEGE
14.15. WAS DECEASED HISPANIC/LATINO/SPANISH?: NO
16. DECEASED'S RACE: WHITE
17. USUAL OCCUPATION: SUPERVISOR
18. KIND OF BUSINESS OR INDUSTRY: CAR COMPANY
19. YEARS IN OCCUPATION: 32
20. DECEASED'S RESIDENCE: 1297 BUMMERVILLE RD
21. CITY: WEST POINT
22. COUNTY/PROVINCE: CALAVERAS
23. ZIP CODE: 95255
24. YEARS IN COUNTY: 41
25. STATE/FOREIGN COUNTRY: CA
26. INFORMANT'S NAME, RELATIONSHIP: HELEN WILDMON, WIFE
27. INFORMANT'S MAILING ADDRESS: 1297 BUMMERVILLE RD, WEST POINT, CA 95255
28. NAME OF SURVIVING SPOUSE/SIDP-FIRST: HELEN
29. MIDDLE: FRANCES
30. LAST (BIRTH NAME): HAYNES
31. NAME OF FATHER/PARENT-FIRST: ANDREW
32. MIDDLE: JACKSON
33. LAST: WILDMON
34. BIRTH STATE: AL
35. NAME OF MOTHER/PARENT-FIRST: LULA
36. MIDDLE: -
37. LAST (BIRTH NAME): KEMP
38. BIRTH STATE: AR
39. DISPOSITION DATE: 03/26/2024
40. PLACE OF FINAL DISPOSITION: RESIDENCE OF HELEN WILDMON, WIFE
41. TYPE OF DISPOSITION(S): CREMATE/RESIDENCE
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: DANERI MORTUARY
45. LICENSE NUMBER: FD1686
46. SIGNATURE OF LOCAL REGISTRAR: REBECCA TURNER
47. DATE: 03/26/2024
101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: Hospice
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Occident's Home
104. COUNTY: CALAVERAS
105. FACILITY ADDRESS OR LOCATION WHERE FOUND: 1297 BUMMERVILLE RD
106. CITY: WEST POINT
107. CAUSE OF DEATH: ISCHEMIC STROKE
108. DEATH REPORTED TO CORONER? YES NO
109. BIOPSY PERFORMED? YES NO
110. AUTOPSY PERFORMED? YES NO
111. USED IN DETERMINING CAUSE? YES NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? YES NO
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
115. SIGNATURE AND TITLE OF CERTIFIER: DONALD DUANE VAN FOSSAN JR, MD
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DONALD DUANE VAN FOSSAN JR, MD
117. LICENSE NUMBER: G57742
118. DATE: 03/25/2024
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
120. INJURED AT WORK? YES NO UNK
121. INJURY DATE: 03/25/2024
122. PLACE OF INJURY: -
123. DESCRIBE HOW INJURY OCCURRED: -
124. LOCATION OF INJURY: -
125. SIGNATURE OF CORONER / DEPUTY CORONER: -
126. DATE: -
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: -



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF CALAVERAS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CALAVERAS COUNTY CLERK-RECORDER.

DATE ISSUED AUG 05 2024

by London Spohr Deputy.

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR REASURE VOIDS THIS CERTIFICATE

