

APN: 1220-22-310-110

**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 joint tenants."

2. That said Helen Wildmon and Doyce Wildmon are joint tenants by virtue of that certain Grant, Bargain, Sale Deed, dated April 30, 2014, recorded on May 2, 2014, in the Official Records of Douglas County, Nevada, as Document No. 841876. 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 672, 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 March 27, 1974, in Book 374, Page 676, as File No. 72456.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

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

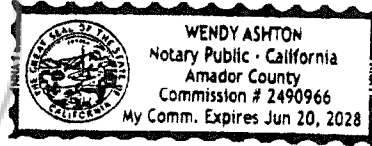
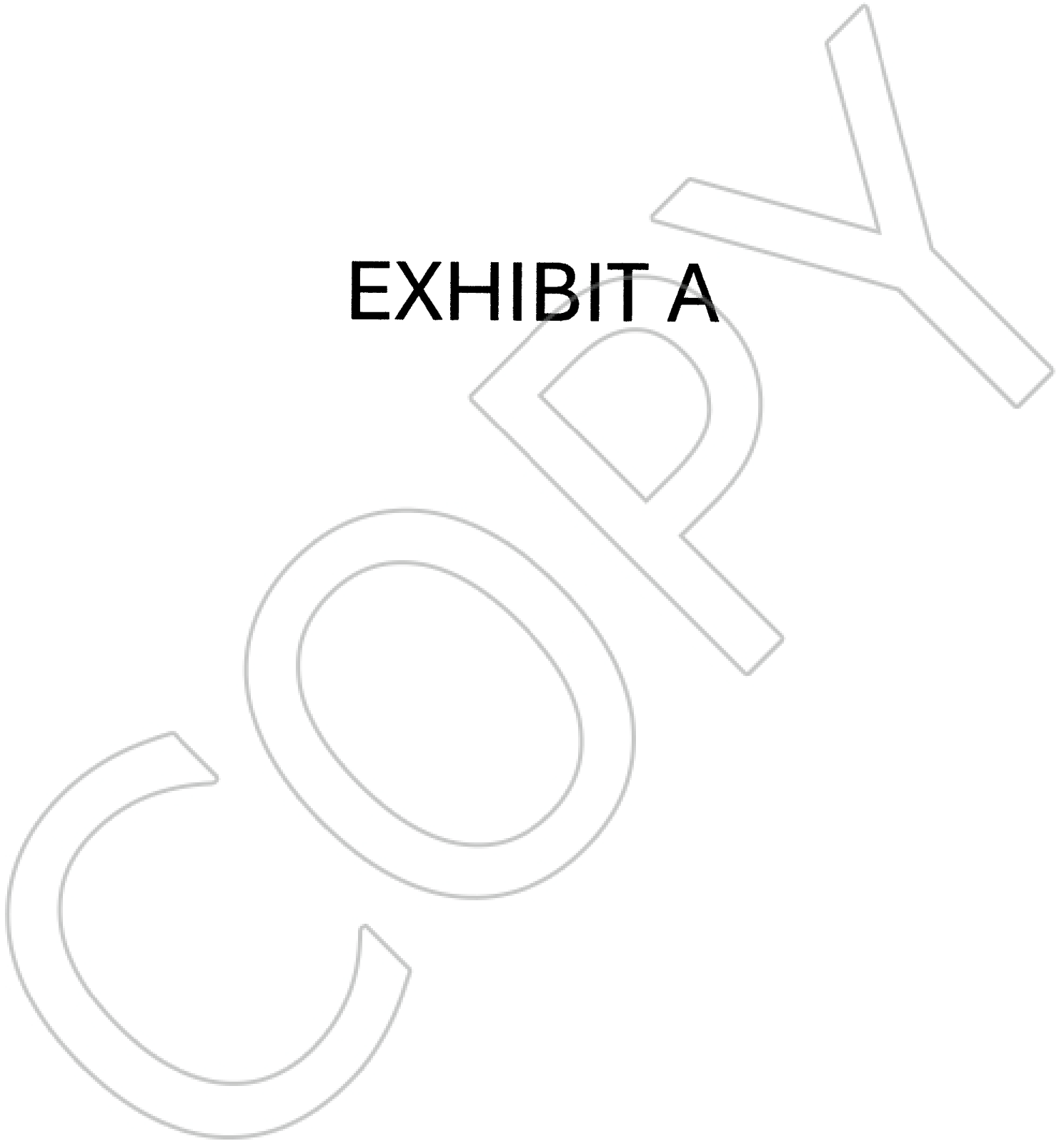


EXHIBIT A



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER
COUNTY OF CALAVERAS
SAN ANDREAS, CALIFORNIA
 CERTIFICATE OF DEATH

320240500063

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DOYCE		3. LAST (Family) WILDMON	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 07/25/1929	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. 94	7. DATE OF DEATH mm/dd/yyyy 03/20/2024
9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER -0457	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
12. EDUCATION - Highest Level/ Degree SOME COLLEGE		16. DECEDENT'S RACE - List (a) race may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERVISOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CAR COMPANY	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1297 BUMMERVILLE RD		19. YEARS IN OCCUPATION 32	
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 (Street and number, or rural route number, city or town, state and zip) 1297 BUMMERVILLE RD, WEST POINT, CA 95255	
28. NAME OF SURVIVING SPOUSE/SPOD - 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 mm/dd/yyyy 03/26/2024	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF HELEN WILDMON, WIFE 1297 BUMMERVILLE RD, WEST POINT, CA 95255		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 FD1636	46. SIGNATURE OF LOCAL REGISTRAR REBECCA TURNER
47. DATE mm/dd/yyyy 03/26/2024		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Occident's Home <input type="checkbox"/> Other	
104. COUNTY CALAVERAS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1297 BUMMERVILLE RD	
106. CITY WEST POINT		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. ISCHEMIC STROKE	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED VETERAN'S BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> 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? (If yes, list type of operation and date) NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 03/15/2024 Decedent Last Seen Alive mm/dd/yyyy 03/19/2024		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. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURY DATE mm/dd/yyyy	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH.#	
STATE REGISTRAR		CENSUS TRACT	

* 000080441 *

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 Spohalt* 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.
 PRNCO (Rev) 4/17



ANY ALTERATION OR REUSE OF THIS CERTIFICATE