

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5) Natalia K. Vander Laan, Esq.

APN: 1420-07-817-021

Recording requested by:)
Deanna Watson)
514 Hacienda Ln)
Suisun City, CA 94585)

When recorded mail to:)
Deanna Watson)
514 Hacienda Ln)
Suisun City, CA 94585)

Mail tax statement to:)
Deanna Watson)
514 Hacienda Ln)
Suisun City, CA 94585)

AFFIDAVIT TERMINATING JOINT TENANCY

I, DEANNA DOLORES WATSON, of legal age, being first duly sworn, declare under penalty of perjury that:

THOMAS LAWRENCE BELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THOMAS L. BELL named as one of the parties (grantees) in that certain deed dated January 8, 2002, and executed by ROBERT S. ETIENNE and ELIZABETH J. ETIENNE, husband and wife (grantors) to THOMAS L. BELL and PATRICIA M. BELL, husband and wife, as joint tenants, recorded on January 23, 2002, as Document No. 0532920 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 25, Block C, as set forth on that certain plat of Impala Mobile Home Estates Unit No. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 11, 1978, as Document No. 20555.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

THOMAS LAWRENCE BELL, the deceased party, died on June 8, 2008, as shown in the attached certified copy of Certificate of Death.

The Affiant is the surviving daughter of the surviving joint tenant, Patricia M. Bell.

At the time of death of Thomas Lawrence Bell, the title to the real property described herein continued to be held by THOMAS L. BELL and PATRICIA M. BELL, husband and wife, as joint tenants. As a result of the death of Thomas L. Bell and the joint tenancy of title, the real property described herein become the sole and separate property of PATRICIA MARIE BELL, an unmarried woman.

Executed on August 24, 2024, in the county of Solano, state of ~~Nevada~~ California *AKC*

Deanna Dolores Watson
DEANNA DOLORES WATSON

STATE OF NEVADA)
): ss
COUNTY OF _____)

Signed and sworn to (or affirmed) before me on this _____ day of August, 2024, by DEANNA DOLORES WATSON.

NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

CALIFORNIA JURAT

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)

COUNTY OF Solano)

Subscribed and sworn to (or affirmed) before me on this

20th
Date

day of

August
Month

2024
Year

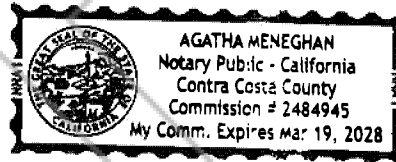
by, Deanna Dolores Watson

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature:

Agatha Meneghan
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008009197
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 ->
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Lawrence BELL			2. DATE OF DEATH (Mo/Day/Yr) June 08, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 061	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 12, 1946
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY? United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Patricia SCHWARTZ
13. SOCIAL SECURITY NUMBER ██████-1416		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Service Advisor		14b. KIND OF BUSINESS OR INDUSTRY Automotive		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 932 Loyola St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER - NAME (First Middle Last Suffix) Jesse Alexander BELL JR				17. MOTHER - NAME (First Middle Last Suffix) Nadine June MARTIN		
18a. INFORMANT - NAME (Type or Print) Patricia BELL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 932 Loyola St. Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703			
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) CRAIG STEVEN RAU M.D. 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) June 17, 2008		21c. HOUR OF DEATH 16:00		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) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451					23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 18, 2008		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						
(a) Sepsis Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Perforated Viscous Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) Interval between onset and death						
PART II Acute Renal Failure, Respiratory Failure					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

550296

218336

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

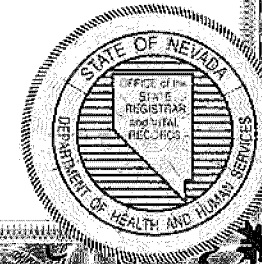
DATE ISSUED: **JUN 18 2008**

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

PHNCO (REV.) 1/04

Christina Griffith
STATE REGISTRAR

VRS-Rev-2008T



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE