Return to:
Donna M. Woods
PO Box 211081
Crescent Valley, NV 89821

169947

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF EUREKA)

Donna M. Woods does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. Donna M. Woods is the surviving joint tenant of Jay N. Woods, deceased.

2. Jay N. Woods died in the City of Reno, County of Washoe, State of Nevada, on February 27, 1998. A certified copy of the Death Certificate of Jay N. Woods is attached to this Affidavit, marked Exhibit "A."

3. On October 2, 1997, the undersigned and Jay N. Woods acquired title as joint tenants to a parcel of real property situated in Eureka County, Nevada, by Deed recorded as Document No. 168873, Book 315 Page 328, of the Official Records of Eureka County, Nevada with the commonly known address of 447 4th Street, Crescent Valley, Nevada 89821. The legal description of the real property is as follows:

Lot 8, Block 22, Crescent Valley Ranch and Farms Unit 1, Eureka County, State of Nevada.
APN: 2-038-22

4. At the time of death of Jay N. Woods, title to the real property described in paragraph 3 above continued to be held by Jay N. Woods and Donna M. Woods, as joint tenants. As a result of the death of Jay N. Woods and the joint tenancy form of title, the real property described in paragraph 3. above is now owned by Donna M. Woods.

Dated this 30 day of March, 1998.

Donna M. Woods
Donna M. Woods

STATE OF NEVADA)
) ss.
COUNTY OF ~~WASHOE~~ Eureka)

On this 30 day of March, 1998, personally appeared before me, a Notary Public, Donna M. Woods, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged that she executed the instrument.

Adell Panning
Notary Public

ADELL PANNING
Notary Public
State of Nevada
Eureka County, Nevada
96-1601-8
My appointment expires November 2, 1999

BOOK 318 PAGE 461

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 93 IMAGE 295

LOCAL FILE NUMBER 523

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Jay	Norman	WOODS	2. February 27, 1998	3a. Washoe

CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm, Inpatient (Specify)	SEX
3b. Reno	3c. St. Mary's Regional Medical Center	3e. Inpatient	4. Male

RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 72	7b. :	7c. :	8. May 28, 1925

STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. Washington	9b. USA	10. 14	11. Married	12. Donna Wiley

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [redacted]	14a. Tech Writer	14b. Office Machines

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Eureka	15c. Crescent Valley	15d. 447 Fourth Street	15e. No

FATHER—NAME First	Middle	Last	MOTHER—MAIDEN NAME First	Middle	Last
16. Merrill		Woods	17. Bomita		Hill

DISPOSITION

INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
18a. Donna Woods	18b. P.O. Box 211081, Crescent Valley, Nevada 89821

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation	19b. Sierra Crematory	19c. Reno, Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. Jimmy Dunson	20b. 35	20c. John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) ➤ Mark Daniels M.D.

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b. 3/3/98	21c. 2/27/98

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21d.

To be completed by Coroner's Office

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) and manner stated.

(Signature and Title) ➤

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
22b.	22c.

PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
22d. ON	22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)

23a. Mark Daniels, M.D. 236 West 6th Street Reno Nevada 89503 — LICENSE NUMBER 23b. 8186

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) ➤ Pandi Bridges Dep.	24b. March 3, 1998	24c. YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I

(a) Septic Shock

DUE TO, OR AS A CONSEQUENCE OF:

(b) Multiorgan system failure — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. NO	27. NO

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION. STREET OR R.F.D. No.	CITY OR TOWN	STATE
28f.	28g.		

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No. 118869

STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Pandi Bridges Date: MAR 11 1998

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 318 PAGE 461
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
James R Pace, atty
98 APR -6 PM 1:15

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

169947

DECLARATION OF VALUE

Instrument # 169947

Full Value of Property Interest Conveyed	$	
Less Assumed Liens & Encumbrances	-	
Taxable Value (NRS 375.010)	$	
Real Property Transfer Tax Due	$	

If exempt, state reason. NRS 375.090, Section 4. Explain:

A transfer of title without consideration from from one joint tenant to the remaining joint tenant

Donna M. Woods

XXX APN: 2-038-22

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

James P. Pace

Signature of Declarant

James P. Pace, Esq.

Name (Please Print)

317 South Arlington Avenue

Address

Reno, NV 89501

City State Zip

ESCROW HOLDER

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

Signature of Declarant

Name (Please Print)

Escrow Number

Firm Name

Address

City State Zip

REC 28 - NTC - RPTT Form 1