

169947

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

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.

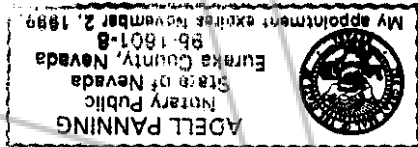
Dated this 30 day of March, 1998.

Donna M. Woods
Donna M. Woods

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

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



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

523

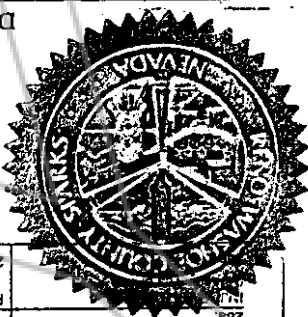
1. DECEASED—NAME First Middle Last JAY NORMAN WOODS		2. DATE OF DEATH (Month, Day, Year) February 27, 1998		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH RENO		3c. St. Mary's Regional Medical Center If Hosp. or Inst. indicate DOA, OPI, etc. Rm. Inpatient (Specify) 4. Male			
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify ☐ Yes ☒ No If Yes, specify Mexican, Cuban, Puerto Rican, etc. 14		7a. AGE—Last Birthday (Years) 72	
8. STATE OF BIRTH (If not U.S.A., name country) Washington		9. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 14	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Tech Writer		13. KIND OF BUSINESS OR INDUSTRY Office Machines	
14. RESIDENCE—STATE Nevada		15. CITY, TOWN, OR LOCATION Eureka		16. STREET AND NUMBER 154 447 Fourth Street	
17. FATHER—NAME First Middle Last Merrill Woods		18. MOTHER—MAIDEN NAME First Middle Last Hill		19. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 211081, Crescent Valley, Nevada 89821	
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		21. CEMETERY OR CREMATORY—NAME Steria Crematory		22. LOCATION City or Town State Reno, Nevada	
23. FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) [Signature]		24. FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431		25. DATE SIGNED (Mo., Day, Yr.) 2/27/98	
26. DATE SIGNED (Mo., Day, Yr.) 2/3/98		27. HOUR OF DEATH 2:27 PM		28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]	
29. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark Daniels, M.D. 236 West 6th Street Reno Nevada 89503		30. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 3, 1998		31. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES ☐ NO ☒	
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Septic Shock		33. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Multicystic system failure		34. AUTOPSY (Specify) NO	
35. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]		36. HOUR OF INJURY [REDACTED]		37. DESCRIBE HOW INJURY OCCURRED [REDACTED]	
38. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) [REDACTED]		39. LOCATION M 28d. CITY OR TOWN STATE [REDACTED]		40. STREET OR R.F.D. No.	
41. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) [REDACTED]		42. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]		43. HOUR OF INJURY [REDACTED]	

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

Deputy Registrar

Date:

MAR 11 1998



STATE REGISTRAR

No. 118869

BOOK 318 PAGE 462

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 318 PAGE 463

COPY

169947

BOOK 318 PAGE 461
RECORDED AT THE REQUEST OF
James R. Hall, Atty
98 APR - 6 PM 1:15
LUNKA COUNTY NEVADA
M.H. REBALATI, RECORDER
FILE NO.
FEES 9.00

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 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.

Signature of Declarant

James P. Pace, Esq.

Name (Please Print)

317 South Arlington Avenue

Address

Reno, NV 89501

State

Zip

City

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

State

Zip

City