

A.P.N. No.:	003-452-04
Escrow No.:	78957
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Timothy J. Capps	
10369 Willow Valley Road	
Nevada City, CA 95959	

EUREKA COUNTY, NV	2018-234636
Rec:\$35.00	
\$35.00 Pgs=4	01/09/2018 02:42 PM
COW COUNTY TITLE CO.	
LISA HOEHNE, RECORDER	

(for recorders use only)

AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525
(State specific law)

Timothy J. Capps

Signature

TIMOTHY J. CAPPS

Print Signature

AFFIDAVIT DEATH OF JOINT TENANT

TIMOTHY J. CAPPS, of legal age, being first duly sworn, deposes and says: That MARY RUTH CAPPS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY RUTH CAPPS named as one of the parties in that certain Joint Tenancy Deed dated July 31, 2001 executed by Cattlemen's Title Guarantee Company as Trustee, a Nevada Corporation, to Timothy J. Capps and Mary Ruth Capps, husband and wife, as joint tenants recorded August 2, 2001 in Book 342 of Official Records, page 296 as File No. 176785, Eureka County, Nevada records, covering the following described property situated in Eureka County, State of Nevada:

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

That portion of Sections 12 and 13 in Township 31 North, Range 49 East, M.D.B. & M., more particularly described as follows:

Parcel 18 of Pioneer Pass Unit 1 as shown on the Division of Large Parcel Map recorded October 24, 1994 in the Office of the County Recorder of Eureka County, Nevada, as File No. 155503, Eureka County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2017 - 2018: 003-452-04

Dated: December 26, 2017

Timothy J. Capps
TIMOTHY J. CAPPS

State of _____ }
County: of _____ }

This instrument was acknowledged before me on _____
By Timothy J. Capps

Signature: _____
Notary Public

*See California
Acknowledgment
1-3-18
SK*

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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 NEVADA

On JANUARY 3 2018 before me,

Sandy D.J. Laffins
(here insert name and title of the officer)

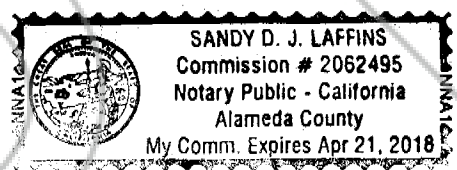
notary public, personally appeared TIMOTHY J. CAPPS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument (the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal

Signature *Sandy D.J. Laffins*



(This area for official notarial seal)

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

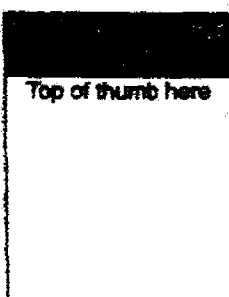
Description of Attached Document

Title or Type of Document: Affidavit Death of Joint Tenant

Document Date: 1-3-18

Number of Pages: 2 (Not including this page)

Signer(s) Other Than Named Above:



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of NEVADA
 NEVADA CITY, CALIFORNIA

3052017049689

CERTIFICATE OF DEATH

3201729000208

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARY		RUTH		CAPPS	
4. DATE OF BIRTH mm/dd/yyyy 01/31/1950					
5. AGE Yrs. 67					
6. SEX M F <input checked="" type="checkbox"/> M <input type="checkbox"/> F					
9. BIRTH STATE/FOREIGN COUNTRY IN		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS/GRUP (in Year of Death) UNK MARRIED		13. DATE OF DEATH mm/dd/yyyy 03/05/2017		14. HOUR (24 Hours) 2128	
15. EDUCATION - Highest Level/degree (see worksheet on back)					
16. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> WHITE					
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
COOK				HEALTHCARE	
19. YEARS IN OCCUPATION 10					
20. DECEDENT'S RESIDENCE (Street and number, or P.O. Box)					
10369 WILLOW VALLEY ROAD					
21. CITY NEVADA CITY		22. COUNTY/PROVINCE NEVADA		23. ZIP CODE 89599	
24. YEARS IN COUNTY 45		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP					
TIMOTHY CAPPS, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. Box, Apt. or Room, City and State)					
10369 WILLOW VALLEY ROAD, NEVADA CITY, CA 89599					
28. NAME OF BURNING SPOUSE/GRUP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
TIMOTHY		JAMES		CAPPS	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
BENJAMIN		FRANKLIN		HUBBARD	
34. NAME OF MOTHER/PARENT - FIRST		35. MIDDLE		36. LAST (BIRTH NAME)	
VIRGINIA		DEAN		RAY	
37. BIRTH STATE KY		38. BIRTH STATE KY			
39. DEPOSITION DATE mm/dd/yyyy 03/13/2017					
40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY					
5810 MIDWAY ROAD, DIXON, CA 95820					
41. TYPE OF DISPOSITIONS					
BU					
42. SIGNATURE OF EMBALMER					
NOT EMBALMED					
43. LICENSE NUMBER					
FD1588					
44. NAME OF FUNERAL ESTABLISHMENT					
CHAPEL OF THE ANGELS MORTUARY					
45. LICENSE NUMBER					
FD1588					
46. SIGNATURE OF LOCAL REGISTRAR					
KENNETH CUTLER, MD					
47. DATE mm/dd/yyyy 03/09/2017					
101. PLACE OF DEATH					
SIERRA NEVADA MEMORIAL HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> ER/ICU <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. COUNTY NEVADA					
104. FACILITY ADDRESS OR LOCATION WHERE FOLDED (Street and number, or location)					
125 GLASSON WAY					
105. CITY GRASS VALLEY					
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
IN CARDIOPULMONARY ARREST					
CORONARY ARTERY DISEASE					
HYPERTENSION					
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
LUNG CANCER, DIABETES MELLITUS					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
110. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
111. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
112. SIGNATURE AND TITLE OF CERTIFIER					
KULDIP SINGH GILL M.D.					
113. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
KULDIP SINGH GILL M.D.					
280 SIERRA COLLEGE DR STE 205, GRASS VALLEY, CA 95945					
114. CERTIFY THAT THIS CHRONIC DISEASE OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
116. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicidal <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		117. INJURY DATE mm/dd/yyyy			
118. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		119. HOUR (24 Hours)			
120. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		121. LOCATION OF INJURY (Street and number, or location, and city and state)			
122. SIGNATURE OF CORONER / DEPUTY CORONER		123. DATE mm/dd/yyyy		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	
G		H		GENUS TRACT	

* 000107591 *

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

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

Gregory J. Diaz
 GREGORY J. DIAZ
 NEVADA COUNTY CLERK-RECORDER

Deputy DATE ISSUED **OCT 19 2017**

